

| Page | Section/Block #    | Block Type | Block Title                                                                               |
|------|--------------------|------------|-------------------------------------------------------------------------------------------|
| i    | Supplemental Pages | Text       | Table of Contents<br>Printing instructions<br>Paperwork Reduction Action Burden Statement |
| ii   | Supplemental Pages | Text       | Privacy Act Statement                                                                     |
| iii  | Supplemental Pages | Text       | Pilot's Bill of Rights Written Notification of Investigation                              |
| iv   | Supplemental Pages | Text       | Instructions for Completing FAA Form 8610-1                                               |
| 1    | Form Title         | Text       | FAA Form 8610-1, Mechanic's Application for Inspection Authorization (14 CFR Part 65)     |
| 1    | 1                  | Text       | Name                                                                                      |
| 1    | 2                  | Text       | Mechanic Certificate No.                                                                  |
| 1    | 3                  | Text       | Mailing Address.                                                                          |
| 1    | 4                  | Text       | Fixed Base of Operations                                                                  |

|   |    |          |                                                                                                                                                                                         |
|---|----|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 4a | Text     | Telephone Number                                                                                                                                                                        |
| 1 | 4b | Text     | Email Address                                                                                                                                                                           |
| 1 | 5  | Checkbox | Do you hold a currently effective mechanic certificate with both airframe and powerplant ratings, and have each of those ratings been in effect for a total of at least 3 years? Yes/No |
| 1 | 6  | Checkbox | Have you been actively engaged, for at least the 2-year period before the date of application, in maintaining certificated aircraft in accordance with Title 14 CFR?                    |
| 1 | 7  | Checkbox | Do you have available to you the equipment, facilities, and inspection data necessary to properly inspect airframes, powerplants,                                                       |
| 1 | 8  | Checkbox | Have you attempted the Inspection Authorization written test within 90 days previous to making this application?                                                                        |
| 1 | 9  | Checkbox | Have you met the minimum requirements for renewal of Inspection Authorization and documented your renewal basis in block 10.                                                            |

|   |    |      |                   |
|---|----|------|-------------------|
| 1 | 10 | Text | Basis For Renewal |
|---|----|------|-------------------|

|   |    |          |                 |
|---|----|----------|-----------------|
| 1 | 10 | Checkbox | Recent Issuance |
|---|----|----------|-----------------|

|   |    |      |                        |
|---|----|------|------------------------|
| 1 | 10 | Text | Enter Date of Issuance |
|---|----|------|------------------------|

|   |    |      |             |
|---|----|------|-------------|
| 1 | 10 | Text | Annual Insp |
|---|----|------|-------------|

|   |    |      |               |
|---|----|------|---------------|
| 1 | 10 | Text | Major Repairs |
|---|----|------|---------------|

|   |    |      |               |
|---|----|------|---------------|
| 1 | 10 | Text | Major Alters. |
|---|----|------|---------------|

|   |    |      |                                                          |
|---|----|------|----------------------------------------------------------|
| 1 | 10 | Text | Prog. Insp.                                              |
| 1 | 10 | Text | Refresher Course                                         |
| 1 | 10 | Text | Oral Test                                                |
| 1 | 10 | Text | 1ST Year Renewal Period<br>(Apr 1st odd – Mar 31st even) |
| 1 | 10 | Text | 2ND Year Renewal Period<br>(Apr 1st even – Mar 31st odd) |
| 1 | 11 | Text | AIRCRAFT MAINTENANCE ACTIVITY<br>DURING THE LAST 2 YEARS |
| 1 | 11 | Text | DATES                                                    |
| 1 | 11 | Text | From:                                                    |
| 1 | 11 | Text | To:                                                      |
| 1 | 11 | Text | FACILITY WHERE ACTIVITY PERFORMED                        |

|   |    |      |                         |
|---|----|------|-------------------------|
| 1 | 11 | Text | DESCRIPTION OF ACTIVITY |
|---|----|------|-------------------------|

|   |    |      |         |
|---|----|------|---------|
| 1 | 12 | Text | Remarks |
|---|----|------|---------|

|   |    |      |                          |
|---|----|------|--------------------------|
| 1 | 13 | Text | Applicants Certification |
|---|----|------|--------------------------|

|   |    |      |                      |
|---|----|------|----------------------|
| 1 | 13 | Text | Applicants Signature |
|---|----|------|----------------------|

|   |    |      |       |
|---|----|------|-------|
| 1 | 13 | Text | Dates |
|---|----|------|-------|

|   |    |      |                  |
|---|----|------|------------------|
| 1 | 14 | Text | Record of Action |
|---|----|------|------------------|

|   |    |          |             |
|---|----|----------|-------------|
| 1 | 14 | Checkbox | Endorsement |
|---|----|----------|-------------|

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|---|----|------|---------------|
| 1 | 14 | Text | FAA Signature |
|---|----|------|---------------|

|   |    |      |      |
|---|----|------|------|
| 1 | 14 | Text | Date |
|---|----|------|------|

|   |    |      |                            |
|---|----|------|----------------------------|
| 1 | 14 | Text | FAA Office/Designation No. |
|---|----|------|----------------------------|

|   |    |          |          |
|---|----|----------|----------|
| 1 | 14 | Checkbox | Issuance |
|---|----|----------|----------|

|   |    |          |         |
|---|----|----------|---------|
| 1 | 14 | Checkbox | Renewal |
|---|----|----------|---------|

|   |    |          |                     |
|---|----|----------|---------------------|
| 1 | 14 | Checkbox | Voluntary Surrender |
|---|----|----------|---------------------|

|   |    |      |               |
|---|----|------|---------------|
| 1 | 14 | Text | FAA Signature |
|---|----|------|---------------|

|   |    |      |      |
|---|----|------|------|
| 1 | 14 | Text | Date |
|---|----|------|------|

|   |    |      |                            |
|---|----|------|----------------------------|
| 1 | 14 | Text | FAA Office/Designation No. |
|---|----|------|----------------------------|

|                                                                            |                                                                                                                         | Dil               |                   |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| Block Help Text                                                            | Business Need<br>Describes the Business need for collecting this information from the public.                           | 8610-1<br>(07-10) | 8610-1<br>(09-20) |
| None                                                                       | Information for applicant on the proper completion and submission of the form.<br>Paperwork Reduction Act (PRA) of 1995 | Y                 | Y                 |
| None                                                                       | 5 U.S.C. § 552(a) Privacy Act                                                                                           | Y                 | Y                 |
| None                                                                       | Public Law (PL) 112-153, Pilot's Bill of Rights Act (PBR)                                                               | N                 | Y                 |
| None                                                                       | To provide applicants with guidance on how to appropriately complete the form.                                          | N                 | Y                 |
| None                                                                       | The title of the Form/Information Collection approved by OMB                                                            | Y                 | Y                 |
| (Last, First, Middle)                                                      | Required to determine who the applicant is.                                                                             | Y                 | Y                 |
|                                                                            | Required to determine applicant identification and eligibility for an inspection authorization.<br>65.91                | Y                 | Y                 |
| (Number/Street/PO Box, City, State, Zip Code)                              | Required to be able to deliver the inspection authorization to the mechanic applicant upon approval -                   | Y                 | Y                 |
| (Address at which you may be located in person during normal working week) | Required to determine eligibility.<br>65.91(c )(3)                                                                      | Y                 | Y                 |

(At which you may be contacted during a normal working week)

Required to determine eligibility.

Y

Y

65.91(c)(3)

(Enter email address or NONE)

Optional entry - assists the FAA in contacting the applicant with applications issues

N

Y

65.91(c)(1)

Required to determine applicant eligibility IAW

Y

Y

65.91(c)(1)

\$65.91(c)(2)

Required to determine applicant eligibility IAW

Y

Y

65.91(c)(2)

\$65.91(c)(4)

Required to determine applicant eligibility IAW

Y

Y

65.91(c)(4)

\$65.91

Required to determine applicant eligibility IAW

Y

Y

65.91 - last sentence:

An applicant who fails the test prescribed in paragraph (c)(5) of this section may not apply for retesting until at least 90 days after the date he failed the test.

(FOR RENEWAL ONLY)

Provides an indication from the applicant that they have met the minimum renewal requirements and completed Block 10.

Y

Y

Refer to form instructions for activity recording requirements for renewal of Inspection Authorization.

Y

Y

|                                                                                                         |                                                                                                                                                                                                                      |   |   |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Enter date only if the recent issuance requirements of §65.93(b) apply, refer to Block 10 Instructions. | Required to assist in determining if applicant must show renewal activity.<br>If the IA was issued less than 90 days before March 31, then certain renewal activity does not need to be shown.<br>Reference 65.93(b) | N | Y |
| Enter date only if the recent issuance requirements of §65.93(b) apply, refer to Block 10 Instructions. | Required to assist in determining if applicant must show renewal activity.<br>If the IA was issued less than 90 days before March 31, then certain renewal activity does not need to be shown.<br>Reference 65.93(b) | N | Y |
| §65.93(a)(1)                                                                                            | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                   | Y | Y |
| §65.93(a)(2)                                                                                            | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                   | Y | Y |
| §65.93(a)(2)                                                                                            | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                   | Y | Y |

|                                                                                                                    |                                                                                                                                                                                                                                                             |   |   |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| \$65.93(a)(3)                                                                                                      | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                                                          | Y | Y |
| \$65.93(a)(4)<br>FAA Course/Seminar No., Location/Provider, Hours, Completion Date – Use separate sheet if needed. | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                                                          | y | Y |
| \$65.93(a)(5)<br>Enter date tested                                                                                 | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                                                          | N | Y |
| None                                                                                                               | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                                                          | Y | Y |
| None                                                                                                               | Required to determine renewal eligibility based on the activities stated in 65.93.                                                                                                                                                                          | Y | Y |
| Continue activity on a separate sheet if needed.                                                                   | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |
| MM/YYYY                                                                                                            | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |
|                                                                                                                    | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |
|                                                                                                                    | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |
| Employer Name, City, State)                                                                                        | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Describe work performed, not job titles)                                                                                                                                                                                                                                                                                                                                                                                                                                             | Required to determine issuance and renewal eligibility based on 65.91(c )(2)<br>Have been actively engaged, for at least the 2-year period before the date he applies, in maintaining aircraft certificated and maintained in accordance with this chapter; | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Required so that applicant or FAA may enter other pertinent information regarding application or renewal of an inspection authorization.                                                                                                                    | Y | Y |
| I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate, rating or inspection authorization to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form. | The statement notifies the applicant of the information they are certifying.                                                                                                                                                                                | Y | Y |
| (Print Name and Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The applicants signature indicates they have read and agree to the certifying statement.                                                                                                                                                                    | Y | Y |
| (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Indicates date application was signed by applicant.                                                                                                                                                                                                         | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records FAA action relative to the application                                                                                                                                                                                                              | Y | Y |
| (Expires in 30 Days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Records FAA action relative to the application                                                                                                                                                                                                              | Y | Y |
| (Print Name and Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FAA signature here indicates the FAA's endorsement to allow the applicant to test for an inspection authorization.                                                                                                                                          | Y | Y |
| (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Records the date of the FAA action was approved.                                                                                                                                                                                                            | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records the FAA office approving the action.                                                                                                                                                                                                                | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records FAA action relative to the application                                                                                                                                                                                                              | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records FAA action relative to the application                                                                                                                                                                                                              | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records FAA action relative to the application                                                                                                                                                                                                              | Y | Y |
| (Print Name and Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Records the FAA's approval of either initial IA issuance, renewal, or a voluntary surrender of the inspection authorization.                                                                                                                                | Y | Y |
| (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Records the date of the FAA action was approved.                                                                                                                                                                                                            | Y | Y |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Records the FAA office approving the action.                                                                                                                                                                                                                | Y | Y |

| Differences from previous form revision |
|-----------------------------------------|
|-----------------------------------------|

| Description of Differences |
|----------------------------|
|----------------------------|

**Added** - Table of contents, Printing Instructions. Since repairman do not take any FAA tests, IACRA registration instructions have been removed.

**Added** - PRA statement - most recent verbiage from PRA office.

**Revised** - revised the Privacy Act statement. Coordinated with Privacy office who had AGC review and approve on XXXXXXXX.

**Added** - Pilots Bill of Rights Written Notification of Investigation

**Revised** - revised instructions to assist applicant in form completion.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

**Added:** assists in keeping local office VIS database current.

**Revised:** Previous wording of this question was not consistent with the requirement specified in 65.91(c ) (1).

This also incorporates the question previously asked on #7 of the old form: HAS YOUR MECHANIC CERTIFICATE AND/OR RATINGS BEEN REVOKED OR SUSPENDED DURING THE 3-YEAR PERIOD PRECEDING THIS APPLICATION?

No differences.

**Added:** Reflects the requirements of 65.91(c )(4).

**Revised:** Revised to better reflect how answering this question with a YES would affect the applicants eligibility for testing endorsement.

**Revised:** Revised wording to remind applicants that the basis for renewal Block 10 must be completed when applying for a renewal.

**Revised** - See below blocks for description of revised blocks in this section.

**Added** - Applicants check this box to indicate they meet the recent issuance requirements of 65.93(b).

**Added:** Applicants entry of the date their IA was issued will allow the inspector to determine what activity needs to be entered in block 10.

**Reformatted**

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**Added:** Previously this information was recorded in the remarks block.

**Reformatted**

**Reformatted**

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

**Revised:** Revised statement to be consistent with FAA form 8610-2 and -3, to include reference to the pilots bill of rights written notification and the privacy act.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

|                            |                                                        |
|----------------------------|--------------------------------------------------------|
|                            |                                                        |
| <b>Additional comments</b> | Block Completed By:<br>A=Applicant<br>F=FAA<br>O=Other |

N/A

PRA Burden statement must be updated upon OMB approval of the form to reflect the expiration date issued by OMB, and the burden calculated within the Information Collection (IC) supporting statement. i.e. for this form the burden was estimated at 20 minutes per response.

Verbiage for IACRA instructions is based on information from:  
[https://www.faa.gov/training\\_testing/testing/acts/](https://www.faa.gov/training_testing/testing/acts/)

Revisions needed to the Privacy Statement must be coordinated with the FAA's Privacy Office.

N/A

Verbiage for this page came from 8900.1, Volume 14, Chapter 1, Section 3, Figure 14-1-3B. (8900.1 CHG566)

N/A

The instructions included in the supplemental pages are directed to the applicant. Instructions for FAA employees or Designees are provided within agency guidance.

N/A

N/A

A

A

A

This address could differ from the address on file with airman records.

A

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Answering YES to this question would make the applicant ineligible for another testing endorsement until 90 days have passed since the applicants last IA test failure.

A

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|                                  |
| <b>Instructions to Applicant</b> |

**GENERAL INFORMATION**

- An electronic, fillable, printable version of FAA Form 8610-1 is available at [www.faa.gov](http://www.faa.gov).
- Make all entries using permanent dark blue or black ink, or a typewriter or printer. All signatures must be original, with the name printed or typewritten below or beside the signature.
- Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
- Read all supplemental information provided with this form including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot's Bill of Rights Written Notification of Investigation, and the Instructions for Completing FAA Form 8610-1. Remove and retain the supplemental information before submitting the application.

**IMPORTANT NOTE:** The applicant's signature on FAA Form 8610-1 confirms the applicant has received the Privacy Act statement and the Pilot's Bill of Rights Written Notification of Investigation at the time application was made.

Enter your name as shown on your mechanic's certificate. Use commas to separate names, i.e. Last, First, Middle.

Enter your Mechanic Certificate number as shown on your mechanic's certificate.

Enter your mailing address. A post office box is acceptable. If the address is outside of the U.S., include the Country.

Enter the address of your fixed base of operations at which you may be located in person during a normal work week.

Enter your telephone number at which you can be contacted during a normal work week.

Enter your email address. If you do not have an email address or choose not to provide one, enter "NONE". Providing this information will assist the local FAA office in disseminating renewal and other information applicable to holders of an Inspection Authorization.

Blocks 5-9. Eligibility Questions. Answer these questions regarding your eligibility for Inspection Authorization. (reference § 65.91)

Blocks 5-9. Eligibility Questions. Answer these questions regarding your eligibility for Inspection Authorization. (reference § 65.91)

Blocks 5-9. Eligibility Questions. Answer these questions regarding your eligibility for Inspection Authorization. (reference § 65.91)

Blocks 5-9. Eligibility Questions. Answer these questions regarding your eligibility for Inspection Authorization. (reference § 65.91)

Block 8 – This question identifies the following situations:

- Retest Applicants – An applicant must wait 90 days after failure of the IA written/knowledge test and return to a Flight Standards office for a newly endorsed FAA Form 8610-1. The applicant is required to submit the applicable failed Airman Knowledge Test Report (AKTR) and new endorsed FAA Form 8610-1 to the testing center prior to retesting.
- IA Recent Issuance - Applicants applying for renewal within 90 days of Inspection Authorization issuance are renewed using the recent issuance provisions of §65.93(b). In block 10, check "Recent Issuance" and enter the date your authorization was last issued.

Block 10. BASIS FOR RENEWAL – Complete only when renewing Inspection Authorization.

An Inspection Authorization expires on March 31 of each odd-numbered year. A renewal year/period is based on April 1st of the first year through March 31st of the next year.

RECENT ISSUANCE – Check this block when you have been issued an Inspection Authorization in effect for:

- Less than 90 days before the Inspection Authorization expiration date - Do not record any renewal activity in Block 10.
- Less than 90 days before March 31st of a non-renewal year – Record your 2nd year renewal activity. Enter N/A in the 1st year activity blocks.

Renewal Activity - Reference § 65.93 for renewal activity requirements for each year.

- Enter the number of annual inspections, repairs, alterations, or progressive inspections you have performed, if your renewal will be based on one of these activities. You cannot use a mixture of activities as the basis for renewal within a renewal period because § 65.93(a) does not provide for this. Each renewal year/period must be based on the required number of either: annual inspections, major repairs/alterations, or progressive inspections specified in § 65.93.

☐ The FAA will review evidence of renewal activity at the time of renewal, e.g. activity sheet, log(s), etc.

- If renewal is based on attendance and completion of a refresher course, enter the FAA accepted course/seminar number, the course location/provider, number of course hours, and the date of course completion. For technical training conducted by a manufacturer, enter the course title, in place of the course/seminar number.

☐ The FAA will review evidence of training course attendance at the time of renewal, e.g. certificate(s) of course completion.

- If renewal is based on the passing of an oral test conducted by an FAA inspector, enter the date the test was passed.

☐ The FAA will review evidence of oral test results at the time of renewal, e.g. FAA letter documenting oral test completion and results.

Block 11. AIRCRAFT MAINTENANCE ACTIVITY DURING THE LAST 2 YEARS. – Complete for renewal and initial application of Inspection Authorization.

Enter the aircraft maintenance activity showing you are actively engaged in maintaining aircraft certificated and maintained in accordance with Title 14 CFR. All applications (initial or renewal) must enter applicable information in these blocks. Attach additional sheets if necessary to record activity.

Date From. Enter your employment start date in a six-digit (MM/YYYY) numeric format.

Date To. Enter your employment end date in a six-digit (MM/YYYY) numeric format.

Facility Where Activity Performed. Enter the name of your employer and the city and state of your employment.

Description of Activity. Enter the type of work performed with the employer. Job and/or position titles are not a description of work performed.

If needed, enter any additional information regarding your initial application or renewal in this block.

Sign your name. Enter the date you signed the application, in the MM/DD/YYYY format.

Sign your name. Enter the date you signed the application, in the MM/DD/YYYY format.

Sign your name. Enter the date you signed the application, in the MM/DD/YYYY format.

|             |                |                   |                    |
|-------------|----------------|-------------------|--------------------|
|             |                |                   |                    |
| <b>Page</b> | <b>Section</b> | <b>Block Type</b> | <b>Block Title</b> |

|     |                    |         |                                                                                                                                                                  |
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| i   | Supplemental Pages | Text    |                                                                                                                                                                  |
| ii  | Supplemental Pages | Text    | Privacy Act Statement<br>Pilot's Bill of Rights Written Notification of<br>Investigation                                                                         |
| iii | Supplemental Pages | Text    |                                                                                                                                                                  |
| iv  | Supplemental Pages | Text    | Instructions for Completing FAA Form 8610-2                                                                                                                      |
| v   | Supplemental Pages | Text    | Instructions for Completing FAA Form 8610-2,<br>continued<br>Airman Certificate and/or Rating Application –<br>Mechanic and Parachute Rigger<br>(14 CFR Part 65) |
| 1   | Form Title         | Text    |                                                                                                                                                                  |
| 1   | Top Section        | Section | Top Section                                                                                                                                                      |

|   |             |          |                   |
|---|-------------|----------|-------------------|
| 1 | Top Section | Checkbox | Original Issuance |
|---|-------------|----------|-------------------|

|   |                          |          |                                                              |
|---|--------------------------|----------|--------------------------------------------------------------|
| 1 | Top Section              | Checkbox | Added Rating                                                 |
| 1 | Top Section              | Checkbox | Other                                                        |
| 1 | Top Section              | Text     | Other                                                        |
| 1 | Top Section              | Checkbox | Mechanic<br>Airframe, Powerplant                             |
| 1 | Top Section              | Text     | Specify Rating                                               |
| 1 | Top Section              | Checkbox | Parachute Rigger<br>Master, Senior<br>Seat, Back, Chest, Lap |
| 1 | I. Applicant Information | Section  | I. Applicant Information                                     |
| 1 | I. Applicant Information | Text     | A. Name                                                      |
| 1 | I. Applicant Information |          | Social Security No.                                          |
| 1 | I. Applicant Information | Date     | B. Date of Birth                                             |
| 1 | I. Applicant Information | Text     | C. Place of Birth                                            |
| 1 | I. Applicant Information | Text     | D. Height                                                    |
| 1 | I. Applicant Information | Text     | E. Weight                                                    |

|   |                          |          |                                          |
|---|--------------------------|----------|------------------------------------------|
| 1 | I. Applicant Information | Text     | F. Hair color                            |
| 1 | I. Applicant Information | Text     | G. Eye color                             |
| 1 | I. Applicant Information | Checkbox | H. Sex - Male, Female                    |
| 1 | I. Applicant Information | Checkbox | I. Citizenship/ Nationality - USA, Other |
| 1 | I. Applicant Information | Text     | I. Citizenship/ Nationality - Other      |
| 1 | I. Applicant Information | Text     | J1. Physical Location                    |
| 1 | I. Applicant Information | Checkbox | J1. Directions are Attached              |
| 1 | I. Applicant Information | Text     | J2. Mailing Address                      |

|   |                          |          |                                                                                |
|---|--------------------------|----------|--------------------------------------------------------------------------------|
| 1 | I. Applicant Information | Checkbox | J2. Same as J1.                                                                |
| 1 | I. Applicant Information | Checkbox | K. Do you now hold or have you ever held an FAA airman certificate? - No, Yes  |
| 1 | I. Applicant Information | Text     | K. Yes, Certificate type and number                                            |
| 1 | I. Applicant Information | Checkbox | L. Have you ever had an FAA airman certificate suspended or revoked? - No, Yes |
| 1 | I. Applicant Information | Checkbox | Do you read, write, speak, and understand the English language? - No, Yes      |
| 1 | I. Applicant Information | Checkbox | N. Drug Conviction Question - No, Yes                                          |
| 1 | I. Applicant Information | Date     | N. Drug Conviction Question - If yes, Date of Final Conviction                 |
| 1 | II. Application Basis    | Section  | Application Basis                                                              |
| 1 | II. Application Basis    | Checkbox | A. Mechanic-Civil Experience                                                   |
| 1 | II. Application Basis    | Checkbox | B. Mechanic - Military Experience                                              |
| 1 | II. Application Basis    | Text     | B1. Military Service                                                           |
| 1 | II. Application Basis    | Text     | B2. Military Rank/Grade                                                        |
| 1 | II. Application Basis    | Text     | B3. Military Specialty Code(s)                                                 |
| 1 | II. Application Basis    | Checkbox | B4. JSAMTCC Curriculum completed - Airframe, Powerplant, Airframe & Powerplant |
| 1 | II. Application Basis    | Date     | B5. Completion Date                                                            |

|   |                       |          |                                                                             |
|---|-----------------------|----------|-----------------------------------------------------------------------------|
| 1 | II. Application Basis | Text     | B6. JSAMTCC Certificate Control No.                                         |
| 1 | II. Application Basis | Checkbox | C. Mechanic- Graduate of an Approved Course                                 |
| 1 | II. Application Basis | Checkbox | C1. Select Basis - AMTS Graduate, AMTS 65.80 applicant                      |
| 1 | II. Application Basis | Text     | C2. AMTS Certificate Number                                                 |
| 1 | II. Application Basis | Text     | C3. AMTS Name                                                               |
| 1 | II. Application Basis | Text     | C4. AMTS Location                                                           |
| 1 | II. Application Basis | Checkbox | C5. AMTS Curriculum Graduated - Airframe, Powerplant, Airframe & Powerplant |
| 1 | II. Application Basis | Date     | C6. Graduation Date                                                         |
| 1 | II. Application Basis | Checkbox | C7. AMTS 65.80 recommendation                                               |
| 1 | II. Application Basis | Text     | C8. School Officials Signature                                              |
| 1 | II. Application Basis | Date     | C9. Date                                                                    |
| 1 | II. Application Basis | Checkbox | D. FAA 65.80 test authorization                                             |
| 1 | II. Application Basis | Date     | D1. Date Authorized                                                         |

|   |                           |           |                                                                     |
|---|---------------------------|-----------|---------------------------------------------------------------------|
| 1 | II. Application Basis     | Date      | D2. Date Auth. Expires                                              |
| 1 | II. Application Basis     | Signature | D3. FAA Signature                                                   |
| 1 | II. Application Basis     | Text      | D4. FAA Office/Desig. No.                                           |
| 1 | II. Application Basis     | Checkbox  | E. Parachute Rigger                                                 |
| 1 | II. Application Basis     | Text      | E1. Number of Parachutes Packed - Seat, Chest, Back, Lap.           |
| 1 | II. Application Basis     | Checkbox  | E2. Packed as a: Military Parachute Rigger, Senior Parachute Rigger |
| 1 | III. Record of Experience | Section   | III. Record of Experience                                           |

|   |                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---|------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | III. Record of Experience    | Checkbox  | Mark this box if separate sheet attached for additional experience.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1 | III. Record of Experience    | Date      | 1. Date From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 | III. Record of Experience    | Date      | 2. Date To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1 | III. Record of Experience    | Text      | 3. Employer and Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1 | III. Record of Experience    | Text      | 4. Type of Work Performed                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1 | IV. Applicants Certification | Section   | IV. Applicants Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                              |           | Text of the certifying statement - <i>I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.</i> |
| 1 | IV. Applicants Certification | Statement |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1 | IV. Applicants Certification | Signature | Applicant's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|   |                                               |           |                                     |
|---|-----------------------------------------------|-----------|-------------------------------------|
| 1 | IV. Applicants Certification                  | Date      | Date                                |
| 1 | V. FAA Endorsement                            | Section   | V. FAA Endorsement                  |
| 1 | V. FAA Endorsement                            | Signature | FAA Signature                       |
| 1 | V. FAA Endorsement                            | Date      | Date                                |
| 1 | V. FAA Endorsement - for testing eligibility. | Text      | FAA Office/Designation No.          |
| 2 | Applicant Information                         | Section   | Applicant Information               |
| 2 | Applicant Information                         | Text      | Name                                |
| 2 | Applicant Information                         | Date      | Date of Birth                       |
| 2 | Applicant Information                         | Text      | Certificate Number                  |
| 2 | Results of Oral and Practical Tests           | Section   | Results of Oral and Practical Tests |

|   |                               |          |      |
|---|-------------------------------|----------|------|
|   | Results of Oral and Practical |          |      |
| 2 | Tests - Mechanic              | Checkbox | Pass |
|   | Results of Oral and Practical |          |      |
| 2 | Tests - Mechanic              | Checkbox | Fail |

|   |                               |      |                 |
|---|-------------------------------|------|-----------------|
|   | Results of Oral and Practical |      |                 |
| 2 | Tests - Mechanic              | Date | Expiration Date |

|   |                               |          |                |
|---|-------------------------------|----------|----------------|
|   | Results of Oral and Practical |          |                |
| 2 | Tests - Mechanic              | Text     | Project Number |
|   | Results of Oral and Practical |          |                |
| 2 | Tests - Mechanic              | Checkbox | Pass           |
|   | Results of Oral and Practical |          |                |
| 2 | Tests - Parachute Rigger      | Checkbox | Fail           |

|   |                               |      |                                |
|---|-------------------------------|------|--------------------------------|
|   | Results of Oral and Practical |      |                                |
| 2 | Tests - Parachute Rigger      | Text | Parachute Seal Symbol Assigned |

|   |         |      |         |
|---|---------|------|---------|
| 2 | Remarks | Text | Remarks |
|---|---------|------|---------|

|   |                          |       |                          |
|---|--------------------------|-------|--------------------------|
| 2 | Applicants Certification | Title | Applicants Certification |
|---|--------------------------|-------|--------------------------|

|   |                          |          |                                |
|---|--------------------------|----------|--------------------------------|
| 2 | Applicants Certification | Checkbox | Airman Cert Question - Yes, No |
|---|--------------------------|----------|--------------------------------|

|   |                          |          |                         |
|---|--------------------------|----------|-------------------------|
| 2 | Applicants Certification | Checkbox | Drug Question - Yes, No |
|---|--------------------------|----------|-------------------------|

|   |                          |      |                                                       |
|---|--------------------------|------|-------------------------------------------------------|
| 2 | Applicants Certification | Date | Drug question - If yes enter date of final conviction |
|---|--------------------------|------|-------------------------------------------------------|

|   |                          |           |                                  |
|---|--------------------------|-----------|----------------------------------|
| 2 | Applicants Certification | Statement | Text of the certifying statement |
|---|--------------------------|-----------|----------------------------------|

|   |                          |           |                     |
|---|--------------------------|-----------|---------------------|
| 2 | Applicants Certification | Signature | Applicant Signature |
|---|--------------------------|-----------|---------------------|

|   |                          |      |      |
|---|--------------------------|------|------|
| 2 | Applicants Certification | Date | Date |
|---|--------------------------|------|------|

|   |                       |       |                       |
|---|-----------------------|-------|-----------------------|
| 2 | FAA Examiner's Report | Title | FAA Examiner's Report |
|---|-----------------------|-------|-----------------------|

|   |                       |           |                                 |
|---|-----------------------|-----------|---------------------------------|
| 2 | FAA Examiner's Report | Statement | I have tested this applicant... |
|---|-----------------------|-----------|---------------------------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|          |                                                 |
|----------|-------------------------------------------------|
| Checkbox | Result: Approved (Temporary Certificate Issued) |
|----------|-------------------------------------------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|          |                                                     |
|----------|-----------------------------------------------------|
| Checkbox | Result: Approved (Temporary Certificate Not Issued) |
|----------|-----------------------------------------------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|          |                                                |
|----------|------------------------------------------------|
| Checkbox | Result: 14 CFR § 65.80 – Oral/Practical PASSED |
|----------|------------------------------------------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|          |                     |
|----------|---------------------|
| Checkbox | Result: Disapproved |
|----------|---------------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|           |               |
|-----------|---------------|
| Signature | FAA Signature |
|-----------|---------------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|      |      |
|------|------|
| Date | Date |
|------|------|

|   |                                          |
|---|------------------------------------------|
| 2 | FAA Examiner's Report - tested applicant |
|---|------------------------------------------|

|      |                       |
|------|-----------------------|
| Text | FAA Office/Desig. No. |
|------|-----------------------|

|   |                                                       |           |                                                 |
|---|-------------------------------------------------------|-----------|-------------------------------------------------|
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Statement | I have examined this applicants papers...       |
|   | FAA Examiner's Report -<br>Examined applicants papers | Checkbox  | Result: Approved (Temporary Certificate Issued) |

|   |                                                       |           |               |
|---|-------------------------------------------------------|-----------|---------------|
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Signature | FAA Signature |
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Date      | Date          |

|   |                                                       |      |                       |
|---|-------------------------------------------------------|------|-----------------------|
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Text | FAA Office/Desig. No. |
|---|-------------------------------------------------------|------|-----------------------|

|   |             |               |             |
|---|-------------|---------------|-------------|
| 2 | Attachments | Section Title | Attachments |
|---|-------------|---------------|-------------|

|   |             |          |                          |
|---|-------------|----------|--------------------------|
| 2 | Attachments | Checkbox | Knowledge Test Report(s) |
|---|-------------|----------|--------------------------|

|   |             |          |                     |
|---|-------------|----------|---------------------|
| 2 | Attachments | Checkbox | Test Planning Sheet |
|---|-------------|----------|---------------------|

|   |             |          |                       |
|---|-------------|----------|-----------------------|
| 2 | Attachments | Checkbox | Temporary Certificate |
|---|-------------|----------|-----------------------|

|   |             |          |                        |
|---|-------------|----------|------------------------|
| 2 | Attachments | Checkbox | Superseded Certificate |
|---|-------------|----------|------------------------|

|   |             |          |                                   |
|---|-------------|----------|-----------------------------------|
| 2 | Attachments | Checkbox | Graduation/Completion Certificate |
|---|-------------|----------|-----------------------------------|

|   |             |          |                                     |
|---|-------------|----------|-------------------------------------|
| 2 | Attachments | Checkbox | Statement of Additional Instruction |
|---|-------------|----------|-------------------------------------|

|   |                               |          |                               |
|---|-------------------------------|----------|-------------------------------|
| 2 | Attachments                   | Checkbox | Seal Symbol Card              |
| 2 | Attachments                   | Checkbox | Other                         |
| 2 | Applicant Identification (ID) | Section  | Applicant Identification (ID) |
| 2 | Applicant Identification (ID) | Text     | Form of ID                    |
| 2 | Applicant Identification (ID) | Text     | State or Country              |
| 2 | Applicant Identification (ID) | Text     | ID Number                     |
| 2 | Applicant Identification (ID) | Date     | Expiration Date               |
| 2 | Applicant Identification (ID) | Text     | Telephone Number              |
| 2 | Applicant Identification (ID) | Text     | Email Address                 |

|   |                 |         |                 |
|---|-----------------|---------|-----------------|
| 2 | FAA File Review | Section | FAA File Review |
|---|-----------------|---------|-----------------|

|   |                 |           |               |
|---|-----------------|-----------|---------------|
| 2 | FAA File Review | Signature | FAA Signature |
|---|-----------------|-----------|---------------|

|   |                 |      |      |
|---|-----------------|------|------|
| 2 | FAA File Review | Date | Date |
|---|-----------------|------|------|

|   |                 |      |            |
|---|-----------------|------|------------|
| 2 | FAA File Review | Text | FAA Office |
|---|-----------------|------|------------|

|                 |                                                                                               | Dit              |                   |
|-----------------|-----------------------------------------------------------------------------------------------|------------------|-------------------|
| Block Help Text | Business Need<br>Describes the Business need for collecting this information from the public. | 8610-2<br>(2-15) | 8610-2<br>(09-20) |

|      |                                                                                                                         |   |   |
|------|-------------------------------------------------------------------------------------------------------------------------|---|---|
| None | Information for applicant on the proper completion and submission of the form.<br>Paperwork Reduction Act (PRA) of 1995 | Y | Y |
| None | 5 U.S.C. § 552(a) Privacy Act                                                                                           | Y | Y |
| None | Public Law (PL) 112-153, Pilot's Bill of Rights Act (PBR)                                                               | N | Y |
| None | To provide applicants with guidance on how to appropriately complete the form.                                          | N | Y |
| None | To provide applicants with guidance on how to appropriately complete the form.                                          | N | Y |
| None | The title of the Form/Information Collection approved by OMB                                                            | Y | Y |
| None | Section                                                                                                                 | y | y |
| None | Indicates the purpose for which the applicant is making application.                                                    | Y | Y |

|                                        |                                                                                                                                                                                                                                                                                                                                                                                        |   |   |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None                                   | Indicates the purpose for which the applicant is making application.                                                                                                                                                                                                                                                                                                                   | Y | Y |
| None                                   | Indicates the purpose for which the applicant is making application.                                                                                                                                                                                                                                                                                                                   | N | Y |
| None                                   | Indicates the purpose for which the applicant is making application.                                                                                                                                                                                                                                                                                                                   | N | Y |
| None                                   | Indicates the purpose for which the applicant is making application.                                                                                                                                                                                                                                                                                                                   | Y | Y |
| N/A                                    | <b>Removed</b> - need for this free text block on FAA form 8610-2, since mechanic and parachute riggers have specific check boxes for applicable ratings.                                                                                                                                                                                                                              | Y | N |
| None                                   | Indicates the purpose for which the applicant is making application.                                                                                                                                                                                                                                                                                                                   | Y | Y |
| None                                   | Section Title                                                                                                                                                                                                                                                                                                                                                                          | Y | Y |
| (Last, First, Middle)                  | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.<br>(b) Contents.-(1) An airman certificate shall-<br>(A) be numbered and recorded by the Administrator of the Federal Aviation Administration;<br>(B) contain the name, address, and description of the individual to whom the certificate is issued;<br>Name changes can be done iaw 65.16. | Y | Y |
| N/A                                    | <b>Removed</b> -this has been removed from the application (2020).                                                                                                                                                                                                                                                                                                                     | Y | N |
| (MM/DD/YYYY)                           | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (City and State) or (City and Country) | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Inches)                               | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Pounds)                               | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Spell out)                | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y | Y |
| (Spell out)                | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y | Y |
| None                       | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y | Y |
|                            | Assists in FAA evaluation of eligibility for certificate IAW § 65.3, Certification of foreign airmen other than flight crewmembers.                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y | Y |
|                            | <p>§ 65.3 Certification of foreign airmen other than flight crewmembers.</p> <p><i>A person who is neither a U.S. citizen nor a resident alien is issued a certificate under <b>subpart D</b> of this part, outside the United States, only when the Administrator finds that the certificate is needed for the operation or continued airworthiness of a U.S.-registered civil aircraft.</i></p>                                                                                                                                                                            | Y | Y |
| (Required)                 | <p>49 USC 44703 (g) - including a physical location of the applicant assists in preventing the used of fictitious addresses(A), and prevent the use by an applicant of a post office box or "mail drop" as a return address to evade identification of the applicants address.</p> <p>If this box is checked it indicates the applicant acknowledges that directions to a physical location are required if there is no physical address to describe the location, and allows the applicant to acknowledge the physical location block was not inadvertently left blank.</p> | N | Y |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N | Y |
| (Will show on certificate) | This is the address of the applicant that will show on the certificate It is the address the certificate will be mailed to, unless the applicant indicates a different location in the remarks block.                                                                                                                                                                                                                                                                                                                                                                        | Y | Y |

|                                                                                                                |                                                                                                                                                                                    |   |   |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|                                                                                                                | If this box is checked it indicates the applicant acknowledges the mailing address is the same as the physical location, and the mailing address was not inadvertently left blank. | N | Y |
|                                                                                                                | Assists airman registry in ensuring a single record is made for an airman.                                                                                                         | Y | Y |
|                                                                                                                | Assists airman registry in identifying airman records and assists in ensuring a single record is made for an airman.                                                               | Y | Y |
|                                                                                                                | Assists FAA in determining if the applicant is eligible for certificate issuance - §§ 65.11(c) and (d)                                                                             | Y | Y |
|                                                                                                                | Assists FAA in determining if applicant is eligible for the certificate, or if certain limitations must be placed on the certificate.                                              |   |   |
|                                                                                                                | § 65.71 (mechanic)                                                                                                                                                                 |   |   |
|                                                                                                                | § 65.113(a)(2) (parachute rigger)                                                                                                                                                  | N | Y |
| Refer to § 65.12 and § 91.19(a)                                                                                | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12.                                                                                                    | Y | Y |
| (MM/DD/YYYY)                                                                                                   | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12.                                                                                                    | Y | Y |
| Complete Section III, Record of Experience, when application is based on A, B or E (Master Rigger only) basis. |                                                                                                                                                                                    |   |   |
|                                                                                                                | This is the title of the Section.                                                                                                                                                  | Y | Y |
|                                                                                                                | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | Y | Y |
|                                                                                                                | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | Y | Y |
| (Branch)                                                                                                       | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | Y | Y |
|                                                                                                                | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | Y | Y |
|                                                                                                                | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | Y | Y |
|                                                                                                                | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | N | Y |
| (MM/DD/YYYY)                                                                                                   | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                                                                                           | N | Y |

|                                                           |                                                                                                                  |   |   |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---|---|
|                                                           | Supports FAA evaluation of experience IAW 65.77 Experience Requirements.                                         | N | Y |
|                                                           | Verifies experience eligibility IAW 65.77 Experience requirements.                                               | Y | Y |
|                                                           | Verifies experience eligibility IAW 65.77 Experience requirements.                                               | N | Y |
|                                                           | Verifies experience eligibility IAW 65.77 Experience requirements.                                               | Y | Y |
|                                                           | Verifies experience eligibility IAW 65.77 Experience requirements.                                               | Y | Y |
| (City, State)                                             | Verifies experience eligibility IAW 65.77 Experience requirements.                                               | Y | Y |
| (or Curriculum enrolled if §65.80)                        | Supports FAA evaluation of experience eligibility IAW 65.77 Experience requirements.                             | Y | Y |
| (MM/DD/YYYY)<br>(Proposed Date if §65.80)                 | Supports FAA evaluation of experience and eligibility for early testing IAW 65.80.                               | Y | Y |
|                                                           | Supports FAA evaluation of experience and eligibility for early testing IAW 65.80.                               | N | Y |
| (For § 65.80 authorization only)<br>(Print Name and Sign) | Supports FAA evaluation of experience and eligibility for early testing IAW 65.80.                               | Y | Y |
| (MM/DD/YYYY)                                              | Supports FAA evaluation of experience and eligibility for early testing IAW 65.80.                               | N | Y |
|                                                           | Indicates FAA approval of experience IAW 65.77 Experience Requirements and early testing eligibility under 65.80 | Y | Y |
| (MM/DD/YYYY)                                              | Indicates FAA approval of experience IAW 65.77 Experience Requirements and early testing eligibility under 65.80 | Y | Y |

|                                                                   |                                                                                                                                 |   |   |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---|---|
| (MM/DD/YYYY)                                                      | Indicates FAA approval of experience IAW 65.77 Experience Requirements and early testing eligibility under 65.80                | Y | Y |
| (Print Name and Sign)                                             | Indicates FAA approval of experience IAW 65.77 Experience Requirements and early testing eligibility under 65.80                | Y | Y |
|                                                                   | Correlates the FAA individual who is authorizing testing to either an office (FAA employee) or a designation number (designee). | Y | Y |
| (For Master Parachute Rigger Only)                                | Indicates application basis to support FAA evaluation of experience, to determine eligibility.                                  | N | Y |
| (For Master Parachute Rigger Only)                                | Verifies experience IAW 65.115 Experience requirements.                                                                         | Y | Y |
| (For Master Parachute Rigger Only)                                | Verifies experience IAW 65.115 Experience requirements.                                                                         | Y | Y |
| Continue additional information on a separate sheet if necessary. | This is the title of the Section.                                                                                               | y | y |

|                                         |                                                                                   |   |   |
|-----------------------------------------|-----------------------------------------------------------------------------------|---|---|
|                                         | Indicates if additional experience records are attached as a separate sheet.      | N | Y |
| (MM/YYYY)                               | Support FAA evaluation of experience requirements applicable to certificate type. | Y | Y |
| (MM/YYYY)                               | Support FAA evaluation of experience requirements applicable to certificate type. | Y | Y |
| Employer Name, City, State              | Support FAA evaluation of experience requirements applicable to certificate type. | Y | Y |
| Describe work performed, not job title. | Support FAA evaluation of experience requirements applicable to certificate type. | Y | Y |
| None                                    | This is the title of the Section.                                                 | y | y |

|                       |                                                                                          |   |   |
|-----------------------|------------------------------------------------------------------------------------------|---|---|
|                       | The statement notifies the applicant of the information they are certifying.             | Y | Y |
| (Print Name and Sign) | The applicants signature indicates they have read and agree to the certifying statement. | Y | y |

|                                                                                                                       |                                                                                                                                                                                        |   |   |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (MM/DD/YYYY)                                                                                                          | Indicates date application was signed by applicant.                                                                                                                                    | Y | Y |
| I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests. | FAA endorsement for the statement : <i>I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.</i>                       | Y | Y |
| (Print Name and Sign)                                                                                                 | FAA testing endorsement statement: <i>I find this applicant meets the experience requirements of 14 CFR part 65 and is eligible to take the required tests.</i>                        | Y | Y |
| (MM/DD/YYYY)                                                                                                          | Indicates the date the application was signed by the FAA, thereby authorizing the applicant to take the FAA tests for the certificate being applied for.                               | Y | Y |
|                                                                                                                       | To provide the ability to correlate the FAA person endorsing the application back to an office designator or FAA designee designation.                                                 | Y | Y |
| (Required if application is printed on 2 pages)                                                                       | When page one and two of the application are printed on separate pages (i.e. not double sided) this information allows the FAA to ensure all pages can be identified to the applicant. |   |   |
| (As shown on page 1 of application)                                                                                   | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| (MM/DD/YYYY)                                                                                                          | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| (if any)                                                                                                              | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| For FAA Use Only                                                                                                      |                                                                                                                                                                                        |   |   |

|      |                                                                                               |   |   |
|------|-----------------------------------------------------------------------------------------------|---|---|
| None | Record of an applicants test results. Used to determine eligibility for certificate issuance. | Y | Y |
| None | Record of an applicants test results. Used to determine eligibility for certificate issuance. | Y | Y |

Mechanic Test results expire after 24 months. If a certificate was not issued prior to the test expiration date, the expired tests must be retaken in order for an applicant to be eligible for certificate issuance.

|      |                                                                                              |   |   |
|------|----------------------------------------------------------------------------------------------|---|---|
| None | <i>65.71(a)(3) Have passed all of the prescribed tests within a period of 24 months; and</i> | Y | Y |
|------|----------------------------------------------------------------------------------------------|---|---|

|      |                                                                                                                                                            |   |   |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None | These blocks record the questions/projects failed by the applicant thereby showing a record of the applicants failure to qualify for certificate issuance. | Y | Y |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|      |                                                                                               |   |   |
|------|-----------------------------------------------------------------------------------------------|---|---|
| None | Record of an applicants test results. Used to determine eligibility for certificate issuance. | Y | Y |
|------|-----------------------------------------------------------------------------------------------|---|---|

|      |                                                                                               |   |   |
|------|-----------------------------------------------------------------------------------------------|---|---|
| None | Record of an applicants test results. Used to determine eligibility for certificate issuance. | Y | Y |
|------|-----------------------------------------------------------------------------------------------|---|---|

|      |                                                                                                                                                                |   |   |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None | Record of the seal symbol provided to the parachute rigger at the time of certificate issuance. Seal symbol is used to identify who last packed the parachute. | Y | Y |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|      |                                                                                                                                                              |   |   |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None | Used to capture various additional information provided by either the applicant or the FAA, that cannot be captured in prescribed blocks on the application. | Y | Y |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4).

|               |   |   |
|---------------|---|---|
| Section Title | Y | Y |
|---------------|---|---|

Application and certificate issuance are not typically done on the same day, therefore certain eligibility questions must be asked at the time of certificate issuance to ensure the answer allows for certificate issuance.

|                                                                            |   |   |
|----------------------------------------------------------------------------|---|---|
| 2nd ask of the question, previously asked in Section I. Item L. on page 1. | Y | Y |
|----------------------------------------------------------------------------|---|---|

Application and certificate issuance are not typically done on the same day, therefore certain eligibility questions must be asked at the time of certificate issuance to ensure the answer allows for certificate issuance.

|                                                                   |   |   |
|-------------------------------------------------------------------|---|---|
| 2nd ask of the question in previously asked in Section I. Item N. | Y | Y |
|-------------------------------------------------------------------|---|---|

Application and certificate issuance are not typically done on the same day, therefore certain eligibility questions must be asked at the time of certificate issuance to ensure the answer allows for certificate issuance.

2nd ask of the question in previously asked in Section I. Item N.

Y Y

The statement notifies the applicant of the information they are certifying.

Y Y

The applicants signature indicates they have read and agree to the certifying statement.

Y Y

Date applicant acknowledged and signed the certification statement.

Y Y

(MM/DD/YYYY)

None

Section Title

I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:

Indicates what the FAA examiner is basing their report on.

Y Y

(Temporary Certificate Issued)

FAA certification results/record

Y Y

(Temporary Certificate NOT Issued)

FAA certification results/record

Y Y

FAA certification results/record

Y Y

FAA certification results/record

Y Y

Signature of FAA examiner based on statement: *I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:*

(Print Name and Sign)

Y Y

(MM/DD/YYYY)

Date FAA signed FAA examiners report.

Y Y

To provide the ability to correlate the FAA person endorsing the application back to an office designator or FAA designee designation.

Y Y

|                                                                             |                                                                                                                                                                             |   |   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| I have examined this applicant's papers and I have indicated the result as: | When an applicant tested but was not issued a temporary certificate (age, drug conviction, etc.) and the applicant then returns for a certificate issuance when eligible.   | Y | Y |
| Temporary Certificate Issued                                                | FAA certification results/record                                                                                                                                            | Y | Y |
| (Print Name and Sign)                                                       | Signature of FAA examiner based on statement: <i>I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:</i> | Y | Y |
| (MM/DD/YYYY)                                                                | Date FAA signed FAA examiners report.                                                                                                                                       | Y | Y |

|  |                                                                                                                                        |   |   |
|--|----------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | To provide the ability to correlate the FAA person endorsing the application back to an office designator or FAA designee designation. | Y | Y |
|--|----------------------------------------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                                                             |   |   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | Y | Y |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                                                             |   |   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | N | Y |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                                                             |   |   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | Y | Y |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|  |         |   |   |
|--|---------|---|---|
|  | REMOVED | Y | N |
|--|---------|---|---|

|  |                                                                                                                                             |   |   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | N | Y |
|--|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                                                                         |   |   |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included.<br>65.19(b) | Y | Y |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|                   |                                                                                                                                             |   |   |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|                   | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | Y | N |
| See Remarks block | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included. | N | Y |

|                              |                                                                                                          |   |   |
|------------------------------|----------------------------------------------------------------------------------------------------------|---|---|
| (Government Issued Photo ID) | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity. | N | Y |
|------------------------------|----------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                          |   |   |
|--|----------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity. | N | Y |
|--|----------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                          |   |   |
|--|----------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity. | N | Y |
|--|----------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                          |   |   |
|--|----------------------------------------------------------------------------------------------------------|---|---|
|  | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity. | N | Y |
|--|----------------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                  |   |   |
|--|--------------------------------------------------------------------------------------------------|---|---|
|  | Contact information for the applicant to allow contact to correct any errors on the application. | N | Y |
|--|--------------------------------------------------------------------------------------------------|---|---|

|  |                                                                                                  |   |   |
|--|--------------------------------------------------------------------------------------------------|---|---|
|  | Contact information for the applicant to allow contact to correct any errors on the application. | N | Y |
|--|--------------------------------------------------------------------------------------------------|---|---|

For FAA Use Only

When applications are processed by paper, designees must send the certification file to their managing FAA office, which reviews the file and forwards to airman records.

|                       |                                                                                                                                                         |   |   |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Print Name and Sign) | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |
| (MM/DD/YYYY)          | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |
|                       | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |

| Differences from previous form revision |
|-----------------------------------------|
|-----------------------------------------|

| Description of Differences |
|----------------------------|
|----------------------------|

**Added** - Table of contents, Printing Instructions, and IACRA instructions.

**Moved** - PRA statement moved from page 1 to page 2

**Revised** - Updated the PRA statement with most recent version from FAA PRA office.

**Revised** - revised the Privacy Act statement.

Coordinated with Privacy office who had AGC review and approve on XXXXXXXX.

**Added** - Pilots Bill of Rights Written Notification of Investigation

**Added** - previous versions of this form did not include instructions to the applicant on form completion.

**Added** - previous versions of this form did not include instructions to the applicant on form completion.

**Revised** - Removed "Repairman" from the title of the form. Repairman applicants will now use FAA form 8610-3.

**Revised** - Changes to the top section were made as described below.

No differences.

No differences.

**Added** - Added checkbox to allow applicant to indicate if the application was being made for a reason other than original issuance or an added rating.

**Added** - Added free text box to allow applicant to indicate the specific other reason application is being made.

No differences.

**Removed** - The "Specify Rating" block was removed from the 8610-2 and incorporated into FAA Form 8610-3 as appropriate since it only applies to repairman applicants.

No differences.

No differences.

**Revised** - The previous version of FAA form 8610-2 asked for the Name in the "First, Middle, Last" format. The new format is consistent with other FAA forms and with how names are listed in the airman records database.

**Removed** - The FAA stopped requiring the collection of an applicant's SSN due to privacy concerns at a date prior to this revision. It is not needed for the FAA to issue an airman certificate.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

**Revised** - Added a checkbox to indicate US citizenship, and an "Other" checkbox and free text block to indicate other citizenship.

**Revised** - Added a checkbox to indicate US citizenship, and an "Other" checkbox and free text block to indicate other citizenship.

**Added** - A revision to 49 USC requires that the FAA have a physical address for airman certificate applicants/holders.

**Added** - Added to support obtaining a physical address of an airman who's mailing address is not the same as the airman's physical address.

No differences.

**Added** - this block was added so that applicants do not have to enter the same information twice on the form, when the applicants mailing address is the same as the applicants physical address.

No differences.

No differences.

**Added** - Added to require the applicant to state if they read, write, speak, and understand the English language.

No differences.

No differences.

**Revised** - The title was changed from "II. Certificate or Rating Applied For On Basis Of-" to "Application Basis."

No differences.

No differences.

**Moved** - Moved from section III. Record of Experience to Section II. Application Basis.

**Moved** - Moved from section III. Record of Experience to Section II. Application Basis.

**Moved** - Moved from section III. Record of Experience to Section II. Application Basis.

**Added** - Previous form did not have a dedicated block for entry of this information, but FAA guidance required FAA inspectors to have the applicant enter this in the Work Experience Section.

**Added** - Previous form did not have a dedicated block for entry of this information, but FAA guidance required FAA inspectors to have the applicant enter this in the Work Experience Section.

**Added** - Previous form did not have a dedicated block for entry of this information, but FAA guidance required FAA inspectors to have the applicant enter this in the Work Experience Section.

No differences.

**Added** - Applicants who have attended an AMTS will check the appropriate box to indicate whether they have graduated from the AMTS at the time of the application, or if they are testing under the authority of § 65.80.

**Revised** - "AMTS" is used to indicate that reference to "graduates of an approved course" is referring to Aviation Maintenance Technician Schools certificated under part 147.

**Revised** - AMTS name was previously requested in a single block "Name and Location of School".

**Revised** - AMTS location was previously requested in a single block "Name and Location of School".

**Revised** - Check boxes replace a free text entry block to indicate the curriculum from which the applicant graduated.

No differences.

**Revised** - Added verbiage to checkbox to clarify that this is a certification made by the AMTS under the allowances of § 65.80.

No differences.

**Added** - Requiring a date to be entered by the school official supports the legitimacy of the school official's signature regarding the student's eligibility to test under § 65.80.

No differences.

No differences.

No differences.

No differences.

No differences.

**Added** - Check box added to indicate that the application basis is regarding an application for a parachute rigger.

**Moved** - moved from Section III. Record of Experience to Section II. Application Basis.

**Moved** - moved from Section III. Record of Experience to Section II. Application Basis.

No differences.

**Added** - added to increase awareness that the applicant has included attachments with the application.

No differences.

No differences.

No differences.

No differences.

Difference described below.

**Revised** - The new certification statement includes reference to the Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement which accompany the application form in the supplemental pages.

No differences.

No differences.

Differences described below.

No differences.

No differences.

**Revised** - Block title has been revised to support the entry of either an FAA office designator, or an FAA designee's designation number.

**Added** - FAA guidance previously instructed FAA inspectors to enter this information either at the top margin, or in the remarks block.

**Added** - FAA guidance previously instructed FAA inspectors to enter this information either at the top margin, or in the remarks block.

**Added** - FAA guidance previously instructed FAA inspectors to enter this information either at the top margin, or in the remarks block.

No differences.

No differences.

No differences.

**Revised** - Revised the number of blocks available to reflect the maximum number of wrong answers that could be given in that testing area.

No differences.

No differences.

**Moved** - Moved from "The FAA Inspectors Report" into the Results of Oral and Practical Test section.

No differences.

**Moved** - This section was moved prior to the FAA Examiners report (Previously "Designated Examiners Report") because the FAA examiner must determine the applicant's eligibility for certificate issuance in order to appropriately complete the FAA Examiners Report.

No differences.

No differences.

No differences.

**Revised** - The new certification statement includes reference to the Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement which accompany the application form in the supplemental pages.

No differences.

No differences.

**Revised** - Combined the previous sections of "Designated Examiners Report" and "FAA Inspectors Report" into a new section "FAA Examiner's Report".

**Revised** - removed the word "personally" from the certification statement. This would support future testing using organizational designees.

No differences.

No differences.

No differences.

No differences.

No differences.

No differences.

**Revised** - Block title has been revised to support the entry of either an FAA office designator, or an FAA designee's designation number.

**Moved** - Previously stated in FAA Inspectors report.

**Moved** - Previously stated in FAA Inspectors report.

**Moved** - Previously required in FAA Inspectors report.

**Moved** - Previously required in FAA Inspectors report.

**Revised** - Block title has been revised to support the entry of either an FAA office designator, or an FAA designee's designation number.



**Revised** - Previously "Report of Written Test"

**Added** - Test planning sheets are filed in the airman file as a record of the test.

No differences.

**Removed** - Airman records does not need superseded certs returned, unless there was a downgrade of a certificate. Downgrades would be done through a certificate action.

**Added** - This is required for the airman file.

**Added** - This attachment is required by 65.19 when the applicant retested within 30 days.

Removed - Seal Symbol cards are no longer required to be returned to airman records with the application.

**Added** - allows for annotation of any other attachment to the certification package.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to show that applicant ID had been verified. Addition of these blocks will support assurance that ID is verified and annotated in a standard format.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to show that applicant ID had been verified. Addition of these blocks will support assurance that ID is verified and annotated in a standard format.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to show that applicant ID had been verified. Addition of these blocks will support assurance that ID is verified and annotated in a standard format.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to show that applicant ID had been verified. Addition of these blocks will support assurance that ID is verified and annotated in a standard format.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to provide inspectors with contact information in case errors were made on the application that needed to be corrected to allow for certificate issuance.

**Added** - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to provide inspectors with contact information in case errors were made on the application that needed to be corrected to allow for certificate issuance.

These are now FAA File review annotation blocks.  
They are not used to indicate and approval for  
certificate issuance.

**Revised** - Now used to indicate the FAA has review the  
paper file prior to forwarding to airman records.

**Revised** - Now used to indicate the FAA has review the  
paper file prior to forwarding to airman records.

**Revised** - Now used to indicate the FAA has review the  
paper file prior to forwarding to airman records.

|                            |                                                                        |
|----------------------------|------------------------------------------------------------------------|
|                            |                                                                        |
| <b>Additional comments</b> | Block Completed By:<br>A=Applicant<br>D = Designee<br>F=FAA<br>O=Other |

PRA Burden statement must be updated upon OMB approval of the form to reflect the expiration date issued by OMB, and the burden calculated within the Information Collection (IC) supporting statement. i.e. for this form the burden was estimated at 20 minutes per response.

Verbiage for IACRA instructions is based on information from:  
[https://www.faa.gov/training\\_testing/testing/acts/](https://www.faa.gov/training_testing/testing/acts/)

N/A

Revisions needed to the Privacy Statement must be coordinated with the FAA's Privacy Office.

N/A

Verbiage for this page came from 8900.1, Volume 14, Chapter 1, Section 3, Figure 14-1-3B. (8900.1 CHG566)

N/A

The instructions included in the supplemental pages are directed to the applicant. Instructions for FAA employees or Designees are provided within agency guidance.

N/A

The instructions included in the supplemental pages are directed to the applicant. Instructions for FAA employees or Designees are provided within agency guidance.

N/A

N/A

Original Issuance, Added Rating, Other. Mark the appropriate box to indicate the reason application is being made. Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

A

A

A

A

A

N/A

A

49 USC 44703 requires the name address and description of the individual to who the certificate is issued.  
Name changes can be done IAW § 65.16.

A

N/A

A

A

A

A

A

A

A

A

Mechanic applicants (Subpart D) - FAA Guidance describes how the FAA determines when a mechanic certificate is needed. See V5 C5 S3.

A

A

A

A

A

A

A

A

If the applicant answers NO, the applicant may be eligible for a certificate with limitations on validity; refer to § 65.71 (mechanic), § 65.113(a)(2) (parachute rigger).

A

Refer to 65.12(a) and 65.12(b), and 91.19(a).

A

Refer to 65.12(a) and 65.12(b), and 91.19(a).

A

Applicants may have both civil and military experience and could therefore check both block and enter appropriate additional information.

A

Applicants may have both civil and military experience and could therefore check both block and enter appropriate additional information.

A

A

A

A

A

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FD

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D

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A

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A

A



The Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement are made available to the applicant in the supplemental pages of the form.

N/A

A

A

"FAA" refers to both FAA employees and FAA designees. FAA policy will state specifically which of these entities has the authority to sign this block.

POLICY OFFICE - need to ensure the guidance clearly states who can sign in this block. Currently only FAA ASI's have the authority to sign this block, and only when they meet certain other qualifications as specified in 8900.1 guidance.

D  
F

D  
F

This block supports entry of either the FAA employees office designator, or the designees designation number. FAA policy will state which entity is authorized to use this block and specifically what information either of these entities must place in this block.

POLICY OFFICE - need to ensure the 8900.1 guidance clearly states the format to be used by FAA ASIs when entering an office designator - confusion heightened due to recent reorganization of Flight Standards.

D  
F

D  
F  
D  
F

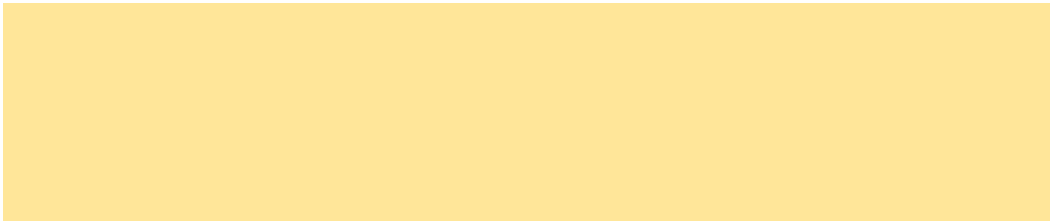
D  
F

Only failed questions/projects are entered into these blocks.

D  
F  
D  
F  
D  
F

D  
F

D  
F



These questions must be asked at the time of certificate issuance to determine the applicants eligibility for the certificate requested.

A

Refer to 65.12(a) and 65.12(b) and § 91.19.

A

Refer to 65.12(a) and 65.12(b) and § 91.19. A

A

A

A

Only used by FAA examiners who are conducting an actual test on an applicant. D  
Only used by FAA examiners who are conducting an actual test on an applicant. F  
Only used by FAA examiners who are conducting an actual test on an applicant. D  
Only used by FAA examiners who are conducting an actual test on an applicant. F  
Only used by FAA examiners who are conducting an actual test on an applicant. D  
Only used by FAA examiners who are conducting an actual test on an applicant. F

Only used by FAA examiners who are conducting an actual test on an applicant. D  
Only used by FAA examiners who are conducting an actual test on an applicant. F  
Only used by FAA examiners who are conducting an actual test on an applicant. D  
Only used by FAA examiners who are conducting an actual test on an applicant. F  
This block supports entry of either the FAA employees office designator, or the designees designation number. FAA policy will state which entity if authorized to use this block and specifically what information either of these entities must place in this block.

POLICY OFFICE - need to ensure the 8900.1 guidance clearly states the format to be used by FAA ASIs when entering an office designator - confusion heightened due to recent reorganization of Flight Standards. D  
POLICY OFFICE - need to ensure the 8900.1 guidance clearly states the format to be used by FAA ASIs when entering an office designator - confusion heightened due to recent reorganization of Flight Standards. F

D  
F  
D  
F

Only used by FAA examiners who are conducting an actual test on an applicant.

D  
F

Only used by FAA examiners who are conducting an actual test on an applicant.

D  
F

This block supports entry of either the FAA employees office designator, or the designees designation number. FAA policy will state which entity is authorized to use this block and specifically what information either of these entities must place in this block.

POLICY OFFICE - need to ensure the 8900.1 guidance clearly states the format to be used by FAA ASIs when entering an office designator - confusion heightened due to recent reorganization of Flight Standards.

D  
F

D  
F

D  
F

D  
F

See Notice XXXX and revised 8900.1 guidance.

D  
F

D  
F

Previously the statement could have been annotated under the old checkbox "letter"

D  
F

D  
F

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

A  
D  
F

A  
D  
F

Used by FAA Flight Standards Offices only; not used by FAA Designees.

F

F

F

|                                  |
|----------------------------------|
|                                  |
| <b>Instructions to Applicant</b> |

#### GENERAL INFORMATION

- An electronic, fillable, printable version of FAA Form 8610-2 is available at [www.faa.gov](http://www.faa.gov).
- Make all entries using permanent dark blue or black ink, or a typewriter or printer. All signatures must be original, with the name printed or typewritten below or beside the signature.
- Complete two (2) originals of FAA Form 8610-2 when submitting a printed application.
- Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
- Read all supplemental information provided with this form including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot's Bill of Rights Written Notification of Investigation, and the Instructions for Completing FAA Form 8610-2. Remove and retain the supplemental information before submitting the application.

IMPORTANT NOTE: The applicant's signature on FAA Form 8610-2 confirms the applicant has received the Privacy Act statement and the Pilot's Bill of Rights Written Notification of Investigation at the time application was made.

All applications must have the application TOP Section, Section I. APPLICANT INFORMATION and Section IV. APPLICANT'S CERTIFICATION completed. See the instructions below to determine the additional sections/blocks to be completed depending on the certificate requested and the basis for certification.

Mark the appropriate box to indicate the reason application is being made. Mark the "Added Rating" box only if you already have an airman certificate and are adding a rating to that certificate. Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

Mark the "Added Rating" box only if you already have an airman certificate and are adding a rating to that certificate.

Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, **and enter the type of change requested.**

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

REMOVED THIS BLOCK - Applicable to repairman applicants only, refer to FAA form 8610-3.

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

Enter your full legal name. Use commas to separate names, i.e. Last, First, Middle. If your full legal name is more than 47 characters including the suffix and spaces, use no more than one middle name for record purposes. Do not change your name on subsequent applications unless it is done in accordance with 14 CFR § 65.16.

If you have a middle initial only, enter the initial. If you do not have a middle name or middle initial, enter "NMN" (no middle name).

Indicate if you are a Jr., II, or III, etc.

REMOVED THIS BLOCK - The FAA does not need to collect an airman SSN for identification purposes. Each airman is given a unique FAA Tracking Number (FTN) by Airman records upon receipt of the application (in OKC for paper forms, or in IACRA registration).

Enter your date of birth in the MM/DD/YYYY format.

If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country, or province and country, of where you were born.

Enter your height in inches. Example: 5'8" is entered as 68 in. No fractions, use whole inches only.

Enter your weight in pounds. No fractions, use whole pounds only.

Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.  
Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

Mark either Male or Female.

Mark the box for USA if you are a U.S. Citizen or legally naturalized U.S. Citizen. Otherwise, mark "Other" and enter the country where you are a legal citizen. Only show one citizenship reference in Block I. Annotate dual citizenship countries in the REMARKS section.

Note: To claim Dual Citizenship, you must present appropriate citizenship documentation for each country upon application.

...Otherwise, mark "Other" and enter the country where you are a legal citizen.

Enter your complete residential address including street number, city, state, and ZIP code. This block cannot be left blank. If you have a foreign address, the country must be stated.

If a residential address does not exist, such as when the applicant resides on a rural route, a boat, or some other manner that requires the use of a P.O. Box, rural route, or personal mailbox, a map or written directions to the your physical address, 911 address, or Global Positioning System (GPS) coordinates must be attached to the application or entered in the Remarks block. **Mark box for attached directions, if applicable.**

A map or written directions are not required for Army Post Office (APO)/Fleet Post Office (FPO)/Diplomatic Post Office (DPO) type addresses.

...Mark box for attached directions, if applicable.

Enter your mailing address, if different from block J1. This address will be printed on the permanent airman certificate.

You may leave the block blank if the "Same as J1" box is marked. A post office box, rural route, personal mailbox, commercial, or other mail drop can be used as your preferred mailing address. To have your airman certificate mailed to an address other than what is listed in blocks J1 or J2, provide mailing instructions on a separate attachment or in the remarks section of the form.

...You may leave the block blank if the "Same as J1" box is marked.

Mark yes or no. If yes, state the certificate type and number. Types of certificates include: pilot, mechanic, repairman, etc. A student pilot certificate is a pilot certificate.

...If yes, state the certificate type and number. Types of certificates include: pilot, mechanic, repairman, etc. A student pilot certificate is a pilot certificate.

Mark yes or no. If "YES" is marked, refer to §§ 65.11(c) and (d).

Mark yes or no. Refer to § 65.71 and § 65.113(a)(2).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark this box when applying for a Mechanic certificate based on civil experience in accordance with § 65.77. If you gained practical experience in both civil activity and military activity, mark both item A and item B. Enter your experience in Section III.

Mark this box when applying for a Mechanic certificate based on military experience. Enter your experience in Section III. All military applicants must complete blocks B1 - B3. Only JSAMTCC applicants complete blocks B4 - B6.

If you gained all or part of the required experience in the military, enter the branch of service in which you gained your experience.

If you gained all or part of the required experience in the military, enter the highest rank or pay level you obtained.

If you gained all or part of the required experience in the military, enter the military specialty code(s) (or equivalent, depending on the applicable branch of service) in which your experience was gained.

If you completed the JSAMTCC program, mark the box of the corresponding JSAMTCC curriculum that was completed.

Enter the date you completed the JSAMTCC program, as shown on the JSAMTCC completion certificate.

Enter the certificate control number as shown on the JSAMTCC Certificate of Eligibility.

Mark this box when applying for a Mechanic certificate based on graduation from a 14 CFR part 147 Aviation Maintenance Technician School (AMTS) FAA-Approved curriculum, including § 65.80 applicants. Complete blocks C1 through C9 as applicable.

Mark the appropriate box to indicate the basis of application for graduates of an approved course.

Enter the certificate number of the AMTS from which you graduated.

Enter the name of the AMTS from which you graduated.

Enter the location (city and state) of the AMTS from which you graduated.

Mark the appropriate box for the curriculum from which completed/graduated, as stated on the certificate. For § 65.80 applicants, mark the box for the curriculum you are currently enrolled in. Only mark "Airframe and Powerplant" if you have a single certificate showing graduation/completion of a combined airframe and powerplant curriculum. If applying for both ratings, but have graduated from separate curriculums and have separate completion certificates, mark both the airframe and the powerplant box.

Enter the date of AMTS graduation as shown on the graduation certificate or certificate of completion. Enter dates using the MM/DD/YYYY format. If applying for both ratings, but have graduated from separate curriculums with separate completion certificates, enter the additional graduation date in the Remarks block on page 2.

For § 65.80 applicants, enter the date you will graduate.

An authorized AMTS official marks this block to indicate that the student meets the requirements to test under § 65.80.

The authorizing AMTS official must enter their signature above or beside their typed or printed name to indicate the student meets AMTS requirements for testing under § 65.80.

The authorizing AMTS official must enter the date they sign block C8.

These blocks are for FAA use only.

n/a

n/a

n/a

n/a

Mark this box when applying for a Parachute Rigger Certificate. For Master Parachute Rigger applicants only, enter your experience in Section III.

Indicate the number of parachutes packed of each type.

Master parachute rigger applicants must mark the appropriate box(es) to indicate if any of the parachutes were packed as a senior rigger and/or military rigger.

Enter your work experience related to the certificate and rating being applied for. Must be completed by Civil or Military Mechanic applicants and Master Parachute Rigger applicants. Continue additional information on a separate sheet if necessary. Mark the box if you have attached a separate sheet showing additional experience.

Note: Mechanic applicants should provide dates of experience in the eight-digit (MM/DD/YYYY) numeric format if necessary to count the days to ensure eligibility based on 18 or 30 months of practical experience, as applicable. Dates can be handwritten in columns 1 and 2, or annotated in the Remarks block.

Enter your employment start date in a six-digit (MM/YYYY) numeric character format.

Enter your employment end date in a six-digit (MM/YYYY) numeric character format.

Enter the name of your employer and the city and state of your employment.

Enter the type of work performed with the employer, related to the certificate and rating requested.

Sign your name.

Enter the date you signed the form, using the MM/DD/YYYY format.

Block is for FAA Use only.

Note: FAA endorsement for testing is required for applicants applying based on civil or military experience. AMTS and JSAMTCC graduates do not need FAA endorsement to test.

n/a

n/a

When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name, date of birth, and your certificate number relating to this application. Leave the certificate number blank if this is an application for original issuance.

Note: This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

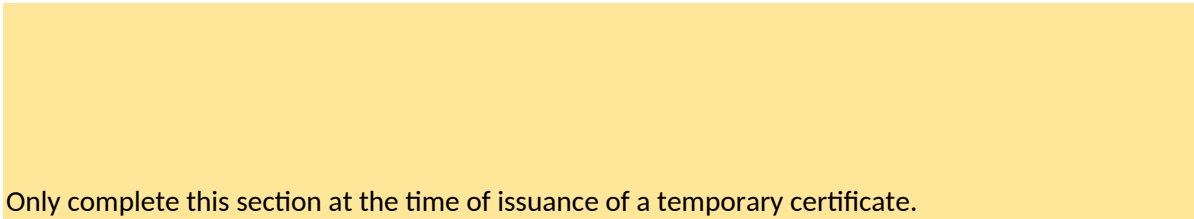
When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name, date of birth, and your certificate number relating to this application. Leave the certificate number blank if this is an application for original issuance.

Note: This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name, date of birth, and your certificate number relating to this application. Leave the certificate number blank if this is an application for original issuance.

Note: This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

You may annotate attachments, dual citizenship, mailing, or other information related to the application, in this block. This block is also used by the FAA for annotating additional information regarding the application.

A large yellow rectangular box, intended for the applicant to provide additional information or annotations related to their application. It is currently empty.

Only complete this section at the time of issuance of a temporary certificate.

Mark yes or no. If "YES" is marked, refer to § 65.11(c) and (d).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

N/A

Only complete this section at the time of issuance of a temporary certificate.  
Sign your name.  
Only complete this section at the time of issuance of a temporary certificate.  
Enter the date you sign the application, using the MM/DD/YYYY format.



Mark appropriate box(s) indicating attachments to the application. Select “Other” when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

Mark appropriate box(s) indicating attachments to the application. Select “Other” when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

Mark appropriate box(s) indicating attachments to the application. Select “Other” when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

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Mark appropriate box(s) indicating attachments to the application. Select "Other" when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

This is completed by the person verifying your identity at the time of application or testing, and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

This is completed by the person verifying your identity at the time of application or testing, and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

This is completed by the person verifying your identity at the time of application, and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

This is completed by the person verifying your identity at the time of application, and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

If the applicant does not have a telephone number or email address, or chooses not to provide this information, enter "NONE" in the block.

If the applicant does not have a telephone number or email address, or chooses not to provide this information, enter "NONE" in the block.

| Page |         |            |             |
|------|---------|------------|-------------|
|      | Section | Block Type | Block Title |

i

Supplemental Pages

Text

Table of Contents

Printing instructions

Paperwork Reduction Action Burden Statement

ii

Supplemental Pages

Text

Privacy Act Statement

iii

Supplemental Pages

Text

Pilot's Bill of Rights Written Notification of

Investigation

iv

Supplemental Pages

Text

Instructions for Completing FAA Form 8610-3,

|   |                    |      |                                                           |
|---|--------------------|------|-----------------------------------------------------------|
| v | Supplemental Pages | Text | Instructions for Completing FAA Form 8610-3,<br>continued |
|---|--------------------|------|-----------------------------------------------------------|

|   |            |      |                                                                                                  |
|---|------------|------|--------------------------------------------------------------------------------------------------|
| 1 | Form Title | Text | FAA Form 8610-3, Airman Certificate and/or Rating<br>Application – Repairman<br>(14 CFR Part 65) |
|---|------------|------|--------------------------------------------------------------------------------------------------|

|   |             |         |             |
|---|-------------|---------|-------------|
| 1 | Top Section | Section | Top Section |
|---|-------------|---------|-------------|

|   |             |          |                   |
|---|-------------|----------|-------------------|
| 1 | Top Section | Checkbox | Original Issuance |
|---|-------------|----------|-------------------|

|   |             |          |              |
|---|-------------|----------|--------------|
| 1 | Top Section | Checkbox | Added Rating |
|---|-------------|----------|--------------|

|   |             |          |       |
|---|-------------|----------|-------|
| 1 | Top Section | Checkbox | Other |
|---|-------------|----------|-------|

|   |             |      |       |
|---|-------------|------|-------|
| 1 | Top Section | Text | Other |
|---|-------------|------|-------|

|   |             |          |                    |
|---|-------------|----------|--------------------|
| 1 | Top Section | Checkbox | § 65.101 Repairman |
|---|-------------|----------|--------------------|

|   |             |          |                                                |
|---|-------------|----------|------------------------------------------------|
| 1 | Top Section | Checkbox | 65.104 Experimental Aircraft Builder Repairman |
|---|-------------|----------|------------------------------------------------|

|   |             |          |                                                                                  |
|---|-------------|----------|----------------------------------------------------------------------------------|
| 1 | Top Section | Checkbox | 65.107 Light-Sport Aircraft Repairman<br>Inspection Rating<br>Maintenance Rating |
|---|-------------|----------|----------------------------------------------------------------------------------|

|   |                          |         |                          |
|---|--------------------------|---------|--------------------------|
| 1 | I. Applicant Information | Section | I. Applicant Information |
|---|--------------------------|---------|--------------------------|

|   |                          |          |                                          |
|---|--------------------------|----------|------------------------------------------|
| 1 | I. Applicant Information | Text     | A. Name                                  |
| 1 | I. Applicant Information |          | Social Security No.                      |
| 1 | I. Applicant Information | Date     | B. Date of Birth                         |
| 1 | I. Applicant Information | Text     | C. Place of Birth                        |
| 1 | I. Applicant Information | Text     | D. Height                                |
| 1 | I. Applicant Information | Text     | E. Weight                                |
| 1 | I. Applicant Information | Text     | F. Hair color                            |
| 1 | I. Applicant Information | Text     | G. Eye color                             |
| 1 | I. Applicant Information | Checkbox | H. Sex - Male, Female                    |
| 1 | I. Applicant Information | Checkbox | I. Citizenship/ Nationality - USA, Other |
| 1 | I. Applicant Information | Text     | I. Citizenship/ Nationality - Other      |

|   |                          |          |                                                                                |
|---|--------------------------|----------|--------------------------------------------------------------------------------|
| 1 | I. Applicant Information | Text     | J1. Physical Location                                                          |
| 1 | I. Applicant Information | Checkbox | J1. Directions are Attached                                                    |
| 1 | I. Applicant Information | Text     | J2. Mailing Address                                                            |
| 1 | I. Applicant Information | Checkbox | J2. Same as J1.                                                                |
| 1 | I. Applicant Information | Checkbox | K. Do you now hold or have you ever held an FAA airman certificate? - No, Yes  |
| 1 | I. Applicant Information | Text     | K. Yes, Certificate type and number                                            |
| 1 | I. Applicant Information | Checkbox | L. Have you ever had an FAA airman certificate suspended or revoked? - No, Yes |
| 1 | I. Applicant Information | Checkbox | Do you read, write, speak, and understand the English language? - No, Yes      |

|   |                          |          |                                       |
|---|--------------------------|----------|---------------------------------------|
| 1 | I. Applicant Information | Checkbox | N. Drug Conviction Question - No, Yes |
|---|--------------------------|----------|---------------------------------------|

|   |                          |      |                                                                |
|---|--------------------------|------|----------------------------------------------------------------|
| 1 | I. Applicant Information | Date | N. Drug Conviction Question - If yes, Date of Final Conviction |
|---|--------------------------|------|----------------------------------------------------------------|

|   |                       |         |                   |
|---|-----------------------|---------|-------------------|
| 1 | II. Application Basis | Section | Application Basis |
|---|-----------------------|---------|-------------------|

|   |                       |          |                     |
|---|-----------------------|----------|---------------------|
| 1 | II. Application Basis | Checkbox | A. 65.101 REPAIRMAN |
|---|-----------------------|----------|---------------------|

|   |                       |      |                                                        |
|---|-----------------------|------|--------------------------------------------------------|
| 1 | II. Application Basis | Text | A1. Specify Repairman Privileges/Limitations Requested |
|---|-----------------------|------|--------------------------------------------------------|

|   |                       |          |                                                                                                                                                                                           |
|---|-----------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | II. Application Basis | Checkbox | A2. I have attached a letter from my employer recommending me for the privileges/limitations sought, and certifying that I meet the requirements of the requested privileges/limitations. |
|---|-----------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|   |                       |          |                                                     |
|---|-----------------------|----------|-----------------------------------------------------|
| 1 | II. Application Basis | Checkbox | B. § 65.104 EXPERIMENTAL AIRCRAFT BUILDER REPAIRMAN |
|---|-----------------------|----------|-----------------------------------------------------|

|   |                       |      |          |
|---|-----------------------|------|----------|
| 1 | II. Application Basis | Text | B1. Make |
|---|-----------------------|------|----------|

|   |                       |          |           |
|---|-----------------------|----------|-----------|
| 1 | II. Application Basis | Checkbox | B2. Model |
|---|-----------------------|----------|-----------|

|   |                       |      |                   |
|---|-----------------------|------|-------------------|
| 1 | II. Application Basis | Date | B3. Serial Number |
|---|-----------------------|------|-------------------|

|   |                       |      |                        |
|---|-----------------------|------|------------------------|
| 1 | II. Application Basis | Text | B4. Certification Date |
|---|-----------------------|------|------------------------|

|   |                       |          |                                            |
|---|-----------------------|----------|--------------------------------------------|
| 1 | II. Application Basis | Checkbox | C. § 65.107 LIGHT-SPORT AIRCRAFT REPAIRMAN |
|---|-----------------------|----------|--------------------------------------------|

|   |                       |          |                                                                                                                                         |
|---|-----------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1 | II. Application Basis | Checkbox | C1. LSA Class:<br>Airplane, Glider, Lighter-than-Air, Powered<br>parachute, Weight-shift-control, Gyroplane<br>(Inspection rating only) |
| 1 | II. Application Basis | Text     | C2. LSA Training Course Provider                                                                                                        |
| 1 | II. Application Basis | Text     | C3. Course Name                                                                                                                         |
| 1 | II. Application Basis | Text     | C4. Course Number                                                                                                                       |
| 1 | II. Application Basis | Text     | C5. Course Completion Date                                                                                                              |
| 1 | II. Application Basis | Text     | C6. Course Hours                                                                                                                        |
| 1 | II. Application Basis | Checkbox | C7. N Number                                                                                                                            |
| 1 | II. Application Basis | Text     | C8. Serial Number                                                                                                                       |

|   |                           |         |                                       |
|---|---------------------------|---------|---------------------------------------|
| 1 | III. Record of Experience | Section | III. Record of Experience or Training |
|---|---------------------------|---------|---------------------------------------|

|   |                           |          |                                                                         |
|---|---------------------------|----------|-------------------------------------------------------------------------|
| 1 | III. Record of Experience | Checkbox | Mark this box if separate sheet attached for<br>additional information. |
| 1 | III. Record of Experience | Date     | 1. Date From                                                            |
| 1 | III. Record of Experience | Date     | 2. Date To                                                              |
| 1 | III. Record of Experience | Text     | 3. Employer/Trainer Name & Location                                     |
| 1 | III. Record of Experience | Text     | 4. Type of Work Performed/Training Received                             |

|   |                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---|------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | IV. Applicants Certification | Section   | IV. Applicants Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1 | IV. Applicants Certification | Statement | Text of the certifying statement - <i>I certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge and I agree that they are to be considered as part of the basis for issuance of any FAA certificate to me. I have received the Pilot's Bill of Rights Written Notification of Investigation that accompanies this form. I have also read and understand the Privacy Act statement that accompanies this form.</i> |
| 1 | IV. Applicants Certification | Signature | Applicant's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1 | IV. Applicants Certification | Date      | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2 | Applicant Information        | Section   | Applicant Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2 | Applicant Information        | Text      | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2 | Applicant Information        | Date      | Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2 | Applicant Information        | Text      | Certificate Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2 | Applicants Certification     | Title     | Applicants Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2 | Applicants Certification     | Checkbox  | Airman Cert Question - Yes, No                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2 | Applicants Certification     | Checkbox  | Drug Question - Yes, No                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2 | Applicants Certification     | Date      | Drug question - If yes enter date of final conviction                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|   |                                                       |           |                                                 |
|---|-------------------------------------------------------|-----------|-------------------------------------------------|
| 2 | Applicants Certification                              | Statement | Text of the certifying statement                |
| 2 | Applicants Certification                              | Signature | Applicant Signature                             |
| 2 | Applicants Certification                              | Date      | Date                                            |
| 2 | FAA Examiner's Report                                 | Title     | FAA Examiner's Report                           |
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Statement | I have examined this applicants papers...       |
|   | FAA Examiner's Report -<br>Examined applicants papers | Checkbox  | Result: Approved (Temporary Certificate Issued) |
|   |                                                       | Checkbox  | Result: Disapproved                             |
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Signature | FAA Signature                                   |
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Date      | Date                                            |
| 2 | FAA Examiner's Report -<br>Examined applicants papers | Text      | FAA Office/Desig. No.                           |

|   |                               |               |                               |
|---|-------------------------------|---------------|-------------------------------|
| 2 | Remarks                       | Text          | Remarks                       |
| 2 | Attachments                   | Section Title | Attachments                   |
| 2 | Attachments                   | Checkbox      | Letter                        |
| 2 | Attachments                   | Checkbox      | Temporary Certificate         |
| 2 | Attachments                   | Checkbox      | Other                         |
| 2 | Applicant Identification (ID) | Section       | Applicant Identification (ID) |
| 2 | Applicant Identification (ID) | Text          | Form of ID                    |
| 2 | Applicant Identification (ID) | Text          | State or Country              |
| 2 | Applicant Identification (ID) | Text          | ID Number                     |
| 2 | Applicant Identification (ID) | Date          | Expiration Date               |
| 2 | Applicant Identification (ID) | Text          | Telephone Number              |
| 2 | Applicant Identification (ID) | Text          | Email Address                 |
| 2 | FAA File Review               | Section       | FAA File Review               |

|   |                 |           |               |
|---|-----------------|-----------|---------------|
| 2 | FAA File Review | Signature | FAA Signature |
|---|-----------------|-----------|---------------|

|   |                 |      |      |
|---|-----------------|------|------|
| 2 | FAA File Review | Date | Date |
|---|-----------------|------|------|

|   |                 |      |            |
|---|-----------------|------|------------|
| 2 | FAA File Review | Text | FAA Office |
|---|-----------------|------|------------|

|                 |                                                                                               | Diffe            |                   |
|-----------------|-----------------------------------------------------------------------------------------------|------------------|-------------------|
| Block Help Text | Business Need<br>Describes the Business need for collecting this information from the public. | 8610-2<br>(2-15) | 8610-3<br>(09-20) |

|      |                                                                                                                      |   |   |
|------|----------------------------------------------------------------------------------------------------------------------|---|---|
| None | Information for applicant on the proper completion and submission of the form. Paperwork Reduction Act (PRA) of 1995 | Y | Y |
|------|----------------------------------------------------------------------------------------------------------------------|---|---|

|      |                               |   |   |
|------|-------------------------------|---|---|
| None | 5 U.S.C. § 552(a) Privacy Act | Y | Y |
|------|-------------------------------|---|---|

|      |                                                           |   |   |
|------|-----------------------------------------------------------|---|---|
| None | Public Law (PL) 112-153, Pilot's Bill of Rights Act (PBR) | N | Y |
|------|-----------------------------------------------------------|---|---|

|      |                                                                                |   |   |
|------|--------------------------------------------------------------------------------|---|---|
| None | To provide applicants with guidance on how to appropriately complete the form. | N | Y |
|------|--------------------------------------------------------------------------------|---|---|

|      |                                                                                |   |   |
|------|--------------------------------------------------------------------------------|---|---|
| None | To provide applicants with guidance on how to appropriately complete the form. | N | Y |
|------|--------------------------------------------------------------------------------|---|---|

|      |                                                              |   |   |
|------|--------------------------------------------------------------|---|---|
| None | The title of the Form/Information Collection approved by OMB | Y | Y |
|------|--------------------------------------------------------------|---|---|

|      |         |   |   |
|------|---------|---|---|
| None | Section | y | y |
|------|---------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | Y | Y |
|------|----------------------------------------------------------------------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | Y | Y |
|------|----------------------------------------------------------------------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | N | Y |
|------|----------------------------------------------------------------------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | N | Y |
|------|----------------------------------------------------------------------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | Y | Y |
|------|----------------------------------------------------------------------|---|---|

|     |                                                                                                                                                           |   |   |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| N/A | <b>Removed</b> - need for this free text block on FAA form 8610-2, since mechanic and parachute riggers have specific check boxes for applicable ratings. | Y | N |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|

|      |                                                                      |   |   |
|------|----------------------------------------------------------------------|---|---|
| None | Indicates the purpose for which the applicant is making application. | Y | Y |
|------|----------------------------------------------------------------------|---|---|

|      |               |   |   |
|------|---------------|---|---|
| None | Section Title | y | y |
|------|---------------|---|---|

|                                        |                                                                                                                                                                                                                                                                                                                                                                                        |   |   |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Last, First, Middle)                  | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.<br>(b) Contents.-(1) An airman certificate shall-<br>(A) be numbered and recorded by the Administrator of the Federal Aviation Administration;<br>(B) contain the name, address, and description of the individual to whom the certificate is issued;<br>Name changes can be done iaw 65.16. | Y | Y |
| N/A                                    | <b>Removed</b> -this has been removed from the application (2020).                                                                                                                                                                                                                                                                                                                     | Y | N |
| (MM/DD/YYYY)                           | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (City and State) or (City and Country) | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Inches)                               | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Pounds)                               | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Spell out)                            | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
| (Spell out)                            | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
|                                        | Provides a description of the individual to whom the certificate is issued. 49 USC 44703.                                                                                                                                                                                                                                                                                              | Y | Y |
|                                        | Assists the FAA in evaluation of eligibility of a 65.104 repairman certificate.                                                                                                                                                                                                                                                                                                        | Y | Y |
|                                        | 65.104(a)(4) - experimental aircraft builder repairman must be a citizen of the United States or an individual citizen of a foreign country who has lawfully been admitted for permanent residence in the United States.                                                                                                                                                               |   |   |
|                                        | Assists the FAA in evaluation of eligibility of a 65.104 or 65.107 repairman certificate.                                                                                                                                                                                                                                                                                              | Y | Y |
|                                        | 65.104(a)(4) and 65. 107(a)(1)(iv) - must be a citizen of the United States or an individual citizen of a foreign country who has lawfully been admitted for permanent residence in the United States.                                                                                                                                                                                 |   |   |

|                            |                                                                                                                                                                                                                                                                                    |   |   |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Required)                 | 49 USC 44703 (g) - including a physical location of the applicant assists in preventing the used of fictitious addresses(A), and prevent the use by an applicant of a post office box or "mail drop" as a return address to evade identification of the applicants address.        | N | Y |
|                            | If this box is checked it indicates the applicant acknowledges that directions to a physical location are required if there is no physical address to describe the location, and allows the applicant to acknowledge the physical location block was not inadvertently left blank. | N | Y |
| (Will show on certificate) | This is the address of the applicant that will show on the certificate.<br>It is the address the certificate will be mailed to, unless the applicant indicates a different location in the remarks block.                                                                          | Y | Y |
|                            | If this box is checked it indicates the applicant acknowledges the mailing address is the same as the physical location, and the mailing address was not inadvertently left blank.                                                                                                 | N | Y |
|                            | Assists airman registry in ensuring a single record is made for an airman.                                                                                                                                                                                                         | Y | Y |
|                            | Assists airman registry in identifying airman records and assists in ensuring a single record is made for an airman.                                                                                                                                                               | Y | Y |
|                            | Assists FAA in determining if the applicant is eligible for certificate issuance - §§ 65.11(d)(2), revocations.                                                                                                                                                                    | Y | Y |
|                            | Assists FAA in determining if applicant is eligible for the certificate, or if certain limitations must be placed on the certificate.<br>§ 65.101(a)(6) (repairman)<br>§ 65.107 (a)(1)(ii)                                                                                         | N | Y |

|                                 |                                                                                |   |   |
|---------------------------------|--------------------------------------------------------------------------------|---|---|
| Refer to § 65.12 and §91.19(a). | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12 | Y | Y |
|---------------------------------|--------------------------------------------------------------------------------|---|---|

|              |                                                                                |   |   |
|--------------|--------------------------------------------------------------------------------|---|---|
| (MM/DD/YYYY) | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12 | Y | Y |
|--------------|--------------------------------------------------------------------------------|---|---|

|                                                                                                                                                                                                                                                                    |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| This is the title of the Section.                                                                                                                                                                                                                                  | y | y |
| Assist applicant in completing required section of the form.                                                                                                                                                                                                       | Y | Y |
| Specifies the ratings the applicant is requesting to be on the repairman certificate.                                                                                                                                                                              | Y | Y |
| Assists in FAA eligibility determination.<br>65.101(a)(4) - Be recommended for certification by his employer, to the satisfaction of the Administrator, as able to satisfactorily maintain aircraft or components, appropriate to the job for which he is employed | Y | Y |
| Assist applicant in completing required section of the form.                                                                                                                                                                                                       | Y | Y |
| Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.104(a)(4)(b)                                                                                                                                         | Y | Y |
| Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.104(a)(4)(b)                                                                                                                                         | N | Y |
| Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.104(a)(4)(b)                                                                                                                                         | N | Y |
| Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.104(a)(4)(b)                                                                                                                                         | N | Y |
| Assist applicant in completing required section of the form.                                                                                                                                                                                                       | N | Y |

|                                                                   |                                                                                                                        |   |   |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---|---|
|                                                                   | Required to evaluate eligibility and to issue appropriate privileges and limitations.<br>Ref. 65.107                   | N | Y |
|                                                                   | Required to evaluate eligibility.<br>Ref. 65.107(a)                                                                    | Y | Y |
|                                                                   | Required to evaluate eligibility.<br>Ref. 65.107(a)                                                                    | Y | Y |
|                                                                   | Required to evaluate eligibility.<br>Ref. 65.107(a)                                                                    | Y | Y |
|                                                                   | Required to evaluate eligibility.<br>Ref. 65.107(a)                                                                    | Y | Y |
|                                                                   | Required to evaluate eligibility.<br>Ref. 65.107(a)                                                                    | Y | Y |
| Inspection Rating Only                                            | Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.107(b)   | N | Y |
| Inspection Rating Only                                            | Required in order to issue appropriate privileges and limitations to the certificate holder.<br>Refer to § 65.107(b)   | Y | Y |
| Continue additional information on a separate sheet if necessary. | This is the title of the Section.                                                                                      | Y | Y |
|                                                                   | Indicates if additional experience records are attached as a separate sheet.                                           | N | Y |
| (MM/YYYY)                                                         | Support FAA evaluation of experience requirements applicable to 65.103 repairman.<br>65.101, Eligibility requirements. | Y | Y |
| (MM/YYYY)                                                         | Support FAA evaluation of experience requirements applicable to 65.103 repairman                                       | Y | Y |
| Employer Name, City, State                                        | Support FAA evaluation of experience or training requirements applicable to 65.103 repairman                           | Y | Y |
| Describe work performed, not job title.                           | Support FAA evaluation of experience or training requirements applicable to 65.103 repairman                           | Y | Y |

|                                                                                                                        |                                                                                                                                                                                        |   |   |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None                                                                                                                   | This is the title of the Section.                                                                                                                                                      | Y | Y |
|                                                                                                                        | The statement notifies the applicant of the information they are certifying.                                                                                                           | Y | Y |
|                                                                                                                        | The applicants signature indicates they have read and agree to the certifying statement.                                                                                               | Y | Y |
| (MM/DD/YYYY)                                                                                                           | Indicates date application was signed by applicant.                                                                                                                                    | Y | Y |
| (Required if application is printed on 2 pages)                                                                        | When page one and two of the application are printed on separate pages (i.e. not double sided) this information allows the FAA to ensure all pages can be identified to the applicant. |   |   |
| (As shown on page 1 of application)                                                                                    | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| (MM/DD/YYYY)                                                                                                           | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| (if any)                                                                                                               | Ensures page 2 of application is identified with applicant on page 1.                                                                                                                  | N | Y |
| This area is completed by the applicant at the time of issuance of the temporary airman certificate (FAA Form 8060-4). | Section Title                                                                                                                                                                          | Y | Y |
|                                                                                                                        | Assists FAA in determining if the applicant is eligible for certificate issuance - §§ 65.11(d)(2), revocations.                                                                        | Y | Y |
|                                                                                                                        | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12                                                                                                         | Y | Y |
|                                                                                                                        | Assist FAA in determining if applicant is eligible for a certificate iaw 65.12                                                                                                         | Y | Y |

|                                                                             |                                                                                                                                                                             |   |   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
|                                                                             | The statement notifies the applicant of the information they are certifying.                                                                                                | Y | Y |
| (Print Name and Sign)                                                       | The applicants signature indicates they have read and agree to the certifying statement.                                                                                    | Y | Y |
| (MM/DD/YYYY)                                                                | Date applicant acknowledged and signed the certification statement.                                                                                                         | Y | Y |
| None                                                                        | Section Title                                                                                                                                                               |   |   |
| I have examined this applicant's papers and I have indicated the result as: | Repairmen are not tested, therefore all certifications are based on examining documentation showing eligibility.                                                            | Y | Y |
| Temporary Certificate Issued                                                | FAA certification results/record                                                                                                                                            | Y | Y |
|                                                                             | Indicates if application was not approved.                                                                                                                                  |   |   |
| (Print Name and Sign)                                                       | Signature of FAA examiner based on statement: <i>I have tested this applicant in accordance with pertinent procedures and standards and I have indicated the result as:</i> | Y | Y |
| (MM/DD/YYYY)                                                                | Date FAA signed FAA examiners report.                                                                                                                                       | Y | Y |
|                                                                             | To provide the ability to correlate the FAA person endorsing the application back to an office designator or FAA designee designation.                                      | Y | Y |

|                           |                                                                                                                                                                                            |   |   |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| None                      | Used to capture various additional information provided by either the applicant or the FAA, that cannot be captured in prescribed blocks on the application.                               | Y | Y |
|                           |                                                                                                                                                                                            |   |   |
|                           | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included - 65.101(a)(4) requires a letter from employer. | Y | Y |
|                           | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included.                                                | Y | Y |
| See Remarks block         | Annotation of attachments provided within the certification package to help ensure all documents supporting the certification are included.                                                | N | Y |
|                           |                                                                                                                                                                                            |   |   |
| (Government Issued Photo) | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity.                                                                                   | N | Y |
|                           | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity.                                                                                   | N | Y |
|                           | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity.                                                                                   | N | Y |
|                           | Annotation area allowing the FAA to indicate what form of ID was used to verify the applicants identity.                                                                                   | N | Y |
|                           | Contact information for the applicant to allow contact to correct any errors on the application.                                                                                           | N | Y |
|                           | Contact information for the applicant to allow contact to correct any errors on the application.                                                                                           | N | Y |
| For FAA Use Only          | When applications are processed by paper, designees must send the certification file to their managing FAA office, which reviews the file and forwards to airman records.                  |   |   |

|                       |                                                                                                                                                         |   |   |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| (Print Name and Sign) | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |
| (MM/DD/YYYY)          | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |
|                       | Annotation of that an FAA FS office reviewed the paper file once received by a designee, and before sending to airman records for certificate issuance. | N | Y |

| Differences from previous form revision |                     |                                                                        |
|-----------------------------------------|---------------------|------------------------------------------------------------------------|
| Description of Differences              | Additional comments | Block Completed By:<br>A=Applicant<br>D = Designee<br>F=FAA<br>O=Other |

**Added** - Table of contents, Printing Instructions. N/A

Since repairman do not take any FAA tests, IACRA registration instructions have been removed.

**Added** - PRA statement - most recent verbiage from PRA office.

PRA Burden statement must be updated upon OMB approval of the form to reflect the expiration date issued by OMB, and the burden calculated within the Information Collection (IC) supporting statement. i.e. for this form the burden was estimated at 20 minutes per response.

Verbiage for IACRA instructions is based on information from:  
[https://www.faa.gov/training\\_testing/testing/acts/](https://www.faa.gov/training_testing/testing/acts/)

**Revised** - revised the Privacy Act statement. Coordinated with Privacy office who had AGC review and approve on XXXXXXXX. Revisions needed to the Privacy Statement must be coordinated with the FAA's Privacy Office. N/A

**Added** - Pilots Bill of Rights Written Notification of Investigation Verbiage for this page came from 8900.1, Volume 14, Chapter 1, Section 3, Figure 14-1-3B. (8900.1 CHG566) N/A

**Added** - previous versions of this form did not include instructions to the applicant on form completion. The instructions included in the supplemental pages are directed to the applicant. Instructions for FAA employees or Designees are provided within agency guidance. N/A

**Added** - previous versions of this form did not include instructions to the applicant on form completion.

The instructions included in the supplemental pages are directed to the applicant. Instructions for FAA employees or Designees are provided within agency guidance.

N/A

**Revised** - This form is now specific to the different types of repairman applicants.

N/A

**Revised** - Changes to the top section were made as described below.

No differences.

Original Issuance, Added Rating, Other. Mark the appropriate box to indicate the reason application is being made. Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

A

No differences.

A

**Added** - Added checkbox to allow applicant to indicate if the application was being made for a reason other than original issuance or an added rating.

A

**Added** - Added free text box to allow applicant to indicate the specific other reason application is being made.

A

No differences.

A

**Removed** - The "Specify Rating" block was removed from the 8610-2 and incorporated into FAA Form 8610-3 as appropriate since it only applies to repairman applicants.

A

No differences.

A

No differences.

|                                                                                                                                                                                                                                                                      |                                                                                                                                                                |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <p><b>Revised</b> - The previous version of FAA form 8610-2 asked for the Name in the "First, Middle, Last" format.</p> <p>The new format (Last, First, Middle) is consistent with other FAA forms and with how names are listed in the airman records database.</p> | <p>49 USC 44703 requires the name address and description of the individual to who the certificate is issued.</p> <p>Name changes can be done IAW § 65.16.</p> | <p>A</p>            |
| <p><b>Removed</b> - The FAA stopped requiring the collection of an applicant's SSN due to privacy concerns at a date prior to this revision. It is not needed for the FAA to issue an airman certificate.</p> <p>No differences.</p>                                 |                                                                                                                                                                | <p>N/A</p> <p>A</p> |
| <p>No differences.</p>                                                                                                                                                                                                                                               |                                                                                                                                                                | <p>A</p>            |
| <p>No differences.</p>                                                                                                                                                                                                                                               |                                                                                                                                                                | <p>A</p>            |
| <p>No differences.</p>                                                                                                                                                                                                                                               |                                                                                                                                                                | <p>A</p>            |
| <p>No differences.</p>                                                                                                                                                                                                                                               |                                                                                                                                                                | <p>A</p>            |
| <p>No differences.</p>                                                                                                                                                                                                                                               |                                                                                                                                                                | <p>A</p>            |
| <p><b>Revised</b> - Added a checkbox to indicate US citizenship, and an "Other" checkbox and free text block to indicate other citizenship.</p>                                                                                                                      | <p>65.3 does not apply to repairman, only to mechanics (subpart D)</p>                                                                                         | <p>A</p>            |
| <p><b>Revised</b> - Added a checkbox to indicate US citizenship, and an "Other" checkbox and free text block to indicate other citizenship.</p>                                                                                                                      | <p>65.3 does not apply to repairman, only to mechanics (subpart D)</p>                                                                                         | <p>A</p>            |

|                                                                                                                              |   |
|------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Added</b> - A revision to 49 USC requires that the FAA have a physical address for airman certificate applicants/holders. | A |
|------------------------------------------------------------------------------------------------------------------------------|---|

|                                                                                                                                                   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Added</b> - Added to support obtaining a physical address of an airman who's mailing address is not the same as the airman's physical address. | A |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---|

|                 |   |
|-----------------|---|
| No differences. | A |
|-----------------|---|

|                                                                                                                                                                                                         |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Added</b> - this block was added so that applicants do not have to enter the same information twice on the form, when the applicants mailing address is the same as the applicants physical address. | A |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

|                 |   |
|-----------------|---|
| No differences. | A |
|-----------------|---|

|                 |   |
|-----------------|---|
| No differences. | A |
|-----------------|---|

|                 |                                                    |   |
|-----------------|----------------------------------------------------|---|
| No differences. | 65.11(c ) does not apply to repairman (suspension) | A |
|-----------------|----------------------------------------------------|---|

|                                                                                                                         |                                                                                                                                                                                                                                                                       |   |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>Added</b> - Added to require the applicant to state if they read, write, speak, and understand the English language. | If the applicant answers NO, the applicant may be eligible for a certificate with limitations on validity; refer to § 65.101(a) (6) or 65.107 as applicable.<br>Note that 65.104 experimental aircraft builder repairman do not have an English language requirement. | A |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

|                 |                                                                                                                                                            |   |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| No differences. | Refer to 65.12(a) and 65.12(b) and 91.19(a). Denial of the application for a period of up to 1 year after the date of final conviction may be appropriate. | A |
| No differences. | Refer to 65.12(a) and 65.12(b) and 91.19(a). Denial of the application for a period of up to 1 year after the date of final conviction may be appropriate. | A |

|                                                                                                |                                                                                                               |   |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---|
| <b>Added</b> - Checkbox adjacent to information that must be completed for a 65.101 repairman. | Often at air carriers and repair stations the employer will complete this section on behalf of the applicant. | A |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---|

|                                                                                                                          |                                                                                                               |        |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------|
| <b>Revised</b> - Previously this was a small block located in the top section of the old version of the FAA form 8610-2. | Often at air carriers and repair stations the employer will complete this section on behalf of the applicant. | A<br>O |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------|

|                                                                                                                                   |  |   |
|-----------------------------------------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - The checkblock indicates the applicant has included the required letter from employer as required by 65.101(a)(4). |  | A |
|-----------------------------------------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - Checkbox adjacent to information that must be completed for a 65.104 repairman. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - previously this information was entered into Section III. Record of Experience. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - previously this information was entered into Section III. Record of Experience. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - previously this information was entered into Section III. Record of Experience. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - previously this information was entered into Section III. Record of Experience. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

|                                                                                                |  |   |
|------------------------------------------------------------------------------------------------|--|---|
| <b>Added</b> - Checkbox adjacent to information that must be completed for a 65.107 repairman. |  | A |
|------------------------------------------------------------------------------------------------|--|---|

**Added** - previously this information was entered into Section III. Record of Experience. A

**Added** - previously this information was entered into Section III. Record of Experience. A

**Added** - previously this information was entered into Section III. Record of Experience. A

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**Added** - previously this information was entered into Section III. Record of Experience. A

**Added** - previously this information was entered into Section III. Record of Experience. A



**Added** - added to increase awareness that the applicant has included attachments with the application. A

No differences. A

No differences. A

**Revised** - Added reference to training as allowed by 65.103. A

**Revised** - Added reference to training as allowed by 65.103. A

Differences described below.

|                                                                                                                                                                                                                                      |                                                                                                                                                                          |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>Revised</b> - The new certification statement includes reference to the Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement which accompany the application form in the supplemental pages. | The Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement are made available to the applicant in the supplemental pages of the form. | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|

|                 |   |
|-----------------|---|
| No differences. | A |
|-----------------|---|

|                 |   |
|-----------------|---|
| No differences. | A |
|-----------------|---|

**Added** - FAA guidance previously instructed FAA inspectors to enter this information either at the top margin, or in the remarks block.

**IMPORTANT:** This second applicant certification section is required because if application is made on a different day than the date of certificate issuance, the answers to these questions may have changed, thus making the applicant ineligible for a certificate.

|                 |                                                                                                                                          |   |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|---|
| No differences. | These questions must be asked at the time of certificate issuance to determine the applicants eligibility for the certificate requested. | A |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|---|

|                 |                                                                                                                                               |   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|
| No differences. | Refer to 65.12(a) and 65.12(b). Denial of the application for a period of up to 1 year after the date of final conviction may be appropriate. | A |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|

|                 |                                                                                                                                               |   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|
| No differences. | Refer to 65.12(a) and 65.12(b). Denial of the application for a period of up to 1 year after the date of final conviction may be appropriate. | A |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---|

**Revised** - The new certification statement includes reference to the Pilots Bill of Rights Written Notification of Investigation and the Privacy Act statement which accompany the application form in the supplemental pages.  
No differences.

A

A

No differences.

A

No differences.

D

F

No differences.

D

F

**Added.** Guidance: Deny the Certificate. If you disapprove the application, return it to the applicant with a letter explaining the denial. (find VCS reference)

No differences. "FAA" refers to both FAA employees and FAA designees. FAA policy will state specifically which of these entities has the authority to sign this block.

D

F

POLICY OFFICE - need to ensure the guidance clearly states who can sign in this block. Currently only FAA ASI's have the authority to sign this block, and only when they meet certain other qualifications as specified in 8900.1 guidance.

No differences.

D

F

No differences. This block supports entry of either the FAA employees office designator, or the designees designation number. FAA policy will state which entity is authorized to use this block and specifically what information either of these entities must place in this block.

D

F

POLICY OFFICE - need to ensure the 8900.1 guidance clearly states the format to be used by FAA ASIs when entering an office designator - confusion heightened due to recent reorganization of Flight Standards.

No differences.

D  
F



D  
F

D  
F

**Added** - allows for annotation of any other attachment to the certification package.

A  
D  
F

Added - Previous form did not include fields for this information but FAA inspector guidance required this information to be placed in the Remarks block to show that applicant ID had been verified. Addition of these blocks will support assurance that ID is verified and annotated in a standard format.

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F

Obtain this information from the applicants provided government issued identification.

A  
D  
F  
A  
D  
F  
A  
D  
F

These are now FAA File review annotation blocks. They are not used to indicate and approval for certificate issuance.

Used by FAA Flight Standards Offices only; not used by FAA Designees.

**Revised** - Now used to indicate the FAA has review the paper file prior to forwarding to airman records.

F

**Revised** - Now used to indicate the FAA has review the paper file prior to forwarding to airman records.

F

**Revised** - Now used to indicate the FAA has review the paper file prior to forwarding to airman records.

F

|                                  |
|----------------------------------|
|                                  |
| <b>Instructions to Applicant</b> |

The supplemental information for this form includes the following:

Page i..... Paperwork Reduction Act Burden Statement

Page ii..... Privacy Act Statement

Page iii..... Pilot's Bill of Rights Written Notification of Investigation

Page iv..... Instructions for Completing FAA Form 8610-3

Page v..... Instructions for Completing FAA Form 8610-3, continued.

Detach these supplemental information and instruction parts before submitting the attached form.

Printing double-sided is preferable. If the form is not printed in the double-sided format, complete the "Applicant Information" section on the top of page 2.

An electronic, fillable, printable version of FAA Form 8610-3 is available at [www.faa.gov](http://www.faa.gov).

When printing, print pages 6 through 7, if you choose to print only the form.

Integrated Airman Certification and Rating Application (IACRA) is a web-based certification/rating application that guides the user through the FAA's airman application process. IACRA helps ensure applicants meet regulatory and policy requirements through the use of extensive data validation. It also uses electronic signatures to protect the information's integrity, eliminates paper forms, and prints temporary certificates. IACRA can be accessed here: <https://iacra.faa.gov>.

#### GENERAL INFORMATION

- An electronic, fillable, printable version of FAA Form 8610-2 is available at [www.faa.gov](http://www.faa.gov).
  - Make all entries using permanent dark blue or black ink, or a typewriter or printer. All signatures must be original, with the name printed or typewritten below or beside the signature.
  - Complete two (2) originals of FAA Form 8610-2 when submitting a printed application.
  - Unless otherwise specified, enter all dates using eight-digit numeric characters, MM/DD/YYYY (e.g., 03/29/2019).
  - Read all supplemental information provided with this form including the Paperwork Reduction Act Burden statement, the Privacy Act statement, the Pilot's Bill of Rights Written Notification of Investigation, and the Instructions for Completing FAA Form 8610-2
- Remove and retain the supplemental information before submitting the application

2. Remove and retain the supplemental information before submitting the application.

IMPORTANT NOTE: The applicant's signature on FAA Form 8610-2 confirms the applicant has received the Privacy Act statement and the Pilot's Bill of Rights Written Notification of Investigation at the time application was made.

All applications must have the application TOP Section, Section I. APPLICANT INFORMATION and Section IV. APPLICANT'S CERTIFICATION completed. See the instructions below to determine the additional sections/blocks to be completed depending on the certificate requested and the basis for certification.

Mark the appropriate box to indicate the reason application is being made. Mark the "Added Rating" box only if you already have an airman certificate and are adding a rating to that certificate. Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

Mark the "Added Rating" box only if you already have an airman certificate and are adding a rating to that certificate.

Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, and enter the type of change requested.

Mark "Other" if you are making application due to a change of address, name, gender, citizenship, nationality, date of birth, or other change, **and enter the type of change requested.**

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

Certificate Type and Ratings. Mark the appropriate box for the certificate type and the rating(s) being applied for. Apply for only one certificate type per application. Line through (cross out) ratings not applied for unless you currently hold that rating.

Enter your full legal name. Use commas to separate names, i.e. Last, First, Middle. If your full legal name is more than 47 characters including the suffix and spaces, use no more than one middle name for record purposes. Do not change your name on subsequent applications unless it is done in accordance with 14 CFR § 65.16.

If you have a middle initial only, enter the initial. If you do not have a middle name or middle initial, enter "NMN" (no middle name).

Indicate if you are a Jr., II, or III, etc.

REMOVED THIS BLOCK - The FAA does not need to collect an airman SSN for identification purposes. Each airman is given a unique FAA Tracking Number (FTN) by Airman records upon receipt of the application (in OKC for paper forms, or in IACRA registration).

Enter your date of birth in the MM/DD/YYYY format.

If you were born in the USA, enter the city and state where you were born. If the city is unknown, enter the county and state. If you were born outside the USA, enter the name of the city and country, or province and country, of where you were born.

Enter your height in inches. Example: 5'8" is entered as 68 in. No fractions, use whole inches only.

Enter your weight in pounds. No fractions, use whole pounds only.

Spell out the color of your hair. Choose from the following: bald, black, blond, brown, gray, red or white. If you wear a wig or toupee, enter the color of your hair under the wig or toupee.

Spell out the color of your eyes. Choose from the following: black, blue, brown, gray, green, or hazel.

Mark either Male or Female.

Mark the box for USA if you are a U.S. Citizen or legally naturalized U.S. Citizen.

Otherwise, mark "Other" and enter the country where you are a legal citizen. Only show one citizenship reference in Block I. Annotate dual citizenship countries in the REMARKS section.

Note: To claim Dual Citizenship, you must present appropriate citizenship documentation for each country upon application.

...Otherwise, mark "Other" and enter the country where you are a legal citizen.

Enter your complete residential address including street number, city, state, and ZIP code. This block cannot be left blank. If you have a foreign address, the country must be stated. If a residential address does not exist,, such as when the applicant resides on a rural route, a boat, or some other manner that requires the use of a P.O. Box, rural route, or personal mailbox, a map or written directions to your physical address, 911 address, or Global Positioning System (GPS) coordinates must be attached to the application or entered in the Remarks block. Mark box for attached directions, if applicable. A map or written directions are not required for Army Post Office (APO)/Fleet Post Office (FPO)/Diplomatic Post Office (DPO) type addresses.

...Mark box for attached directions, if applicable.

Enter your mailing address, if different from block J1. This address will be printed on the permanent airman certificate.

You may leave the block blank if the "Same as J1" box is marked. A post office box, rural route, personal mailbox, commercial, or other mail drop can be used as your preferred mailing address.

To have your airman certificate mailed to an address other than what is listed in blocks J1 or J2, provide mailing instructions on a separate attachment or in the remarks section of the form.

...You may leave the block blank if the "Same as J1" box is marked.

Mark yes or no. If yes, state the certificate type and number. Types of certificates include: pilot, mechanic, repairman, etc. A student pilot certificate is a pilot certificate.

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Mark yes or no. If "YES" is marked, refer to §§ 65.11(c) and (d).

Mark yes or no. Refer to § 65.101(a)(6).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark this box if you are applying for a § 65.101 Repairman certificate. Enter your experience and/or training in Section III related to the privileges/limitations applied for.

Indicate the privileges/limitations for which you are applying.

Mark the box to indicate you have attached the required letter of recommendation from your employer.

Mark this box when applying for a § 65.104 Experimental Aircraft Builder repairman certificate.

Note: The information entered in B1-B4 should match what is stated on the aircraft's airworthiness certificate.

Insert the make of the aircraft (this is the builder's name as it appears on the aircraft data plate).

Insert the model of the aircraft.

Insert the serial number of the aircraft.

Insert the certification date of the aircraft.

Mark this box when applying for a § 65.107 Light-Sport Aircraft repairman certificate. Complete blocks C1 through C8, as appropriate.

Note: An applicant may apply for additional ratings, classes, or aircraft using a separate application for each addition. Mark the "Added Rating/Privileges" box in the form's top section, and complete all other required blocks. All ratings, classes, and aircraft will be included under the same certificate number.

Enter the class of LSA requested. Selection of the Gyroplane class is only applicable to an Inspection rating. Multiple classes may be requested on a single application.

Enter the name of the LSA course provider, as stated on certificate of completion.

Enter the name of the LSA training course.

Enter the LSA course number.

Enter the date you completed the LSA training course, as shown on the course certificate of completion.

Enter the training hours of the LSA course.

Only for Inspection rating: Enter the aircraft registration number of the aircraft to be inspected.

Only for Inspection rating: Enter the serial number of the aircraft to be inspected.

This section applies to § 65.101 repairmen applicants only.

Note: Applicants should provide dates of experience in the eight-digit (MM/DD/YYYY) numeric format if necessary to count the days to ensure eligibility based on 18 months of practical experience. These dates can be handwritten in columns 1 and 2, or annotated in the Remarks block.

Mark the box if you have attached a separate sheet annotating additional experience or training information.

Enter the work experience or training related to the certificate, privileges, and limitations being applied for. Mark the box if you have attached a separate sheet annotating additional experience or training information.

1. Date From. Enter your employment/training start date in a six-digit (MM/YYYY) numeric format.

Enter the work experience or training related to the certificate, privileges, and limitations being applied for. Mark the box if you have attached a separate sheet annotating additional experience or training information.

2. Date To. Enter your employment/training end date in a six-digit (MM/YYYY) numeric format.

Enter the name of your employer or the name of entity conducting training, and the city and state of the employer and/or training entity.

Enter the type of work performed with the employer, or describe the training received, related to the privileges and limitations requested.

You must complete this section at the time you make application.

Sign your name.

Enter the date you signed the form, using the MM/DD/YYYY format.

When the application is printed on 2 separate pages (i.e. not printed double-sided), enter your name, date of birth, and your certificate number relating to this application. Leave the certificate number blank if this is an application for original issuance.

Note: This ensures page 2 of the application is placed with the correct applicant on page 1 if the pages become separated.

Only complete this section at the time of issuance of a temporary certificate.

Mark yes or no. If "YES" is marked, refer to § 65.11(c) and (d).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

Mark yes or no. Only mark yes if you have actually been convicted. If yes is marked, include the date of final conviction. Refer to § 65.12 and § 91.19(a).

N/A

Only complete this section at the time of issuance of a temporary certificate.

Sign your name.

Only complete this section at the time of issuance of a temporary certificate.

Enter the date you signed the form, using the MM/DD/YYYY format.

You may annotate attachments, dual citizenship, mailing, or other information related to the application, in this block. This block is also used by the FAA for annotating additional information

Mark appropriate box(s) indicating attachments to the application. Select "Other" when attachments are not listed in this block, and annotate the attachment(s) in the Remarks block.

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This is completed by the person verifying your identity at the time of application and confirmed at certificate issuance. Changes or corrections can be annotated in the Remarks block.

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If the applicant does not have a telephone number or email address, or chooses not to provide this information, enter "NONE" in the block.

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